N40556

| (R | equestor's Name) | _ |
|---|--------------------|-------------|
| (A | ddress) | |
| | ddress) | |
| (C | ity/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (В | usiness Entity Nar | me) |
| (D | ocument Number) | |
| Certified Copies | Certificate: | s of Status |
| Special Instructions to Filing Officer: | | |
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600111321506



SECRETARY OF STATE

R-A. Chang

G. Canadiana DEC 0 5 2007



| ACCOUNT NO. : 072100000032 | | | | |
|---|--|--|--|--|
| REFERENCE : 321056 7394358 | | | | |
| AUTHORIZATION: Spelle Man | | | | |
| COST LIMIT : \$ 35.00 | | | | |
| ORDER DATE: November 15, 2007 | | | | |
| ORDER TIME: 10:42 AM | | | | |
| ORDER NO. : 321056-450 | | | | |
| CUSTOMER NO: 7394358 | | | | |
| | | | | |
| CHANGE OF AGENT | | | | |
| | | | | |
| NAME: NORTH BAY LODGE NO. 2373, LOYAL ORDER OF MOOSE, INC. | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | |
| | | | | |
| CONTACT PERSON: Susie Knight EXT# 2956 | | | | |
| EXAMINER: | | | | |

. STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | unge is submitted for a corpord | 2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of Florida be or registered agent, or both, in the State of Florida. | |
|---|---|--|--|
| 1. The name of t | the corporation: NORTH BAY | LODGE NO. 2373, LOYAL ORDER OF MOOSE, INC. | |
| | | ourg Drive, Oldsmar, FL 34677 | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incorp | poration/qualification: 10/26/1 | 990 Document number: N40556 | |
| | d street address of the current trement of State: | egistered agent and registered office on file with the | |
| | Carmello Randazzo | | |
| | 405 St. Petersburg Drive E | | |
| | Oldsmar, FL 34677 | | |
| 6. The name and (if changed): | d street address of the new reg | stered agent (if changed) and /or registered office | |
| | Corporation Service Company | 7 DEC -4 SECRETARY ALLAHASSE | |
| | 1201 Hays Street | | |
| | (P.O. Box N Tallahassee, FL 32301 | OT acceptable) | |
| The street addre | ess of its registered office and | the street address of the business office of its registered agent, | |
| Such change wa authorized by th | as authorized by resolution do the board, or the corporation h | aly adopted by its board of directors or by an officer so as been notified in writing of the change. | |
| Mayo (Signatu | are of an officer or director) | Maureen Cullen, Attorney In Fact (Printed or typed name and title) | |
| I further agree to of my duties, and document is being corporation has Corporation By: | to comply with the provisions and I am familiar with and accing filed merely to reflect a closs been notified in writing of the Service Company | d agent and agree to act in this capacity. of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this large in the registered office address. I hereby confirm that the | |
| | granture of Registèred Agent) chalf of an entity: | (Date) | |
| Michelle R. Vani | noy, Assistant Vice President | | |
| (T | (vned or Printed Name) | | |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *