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C T CORPORATION SYSTEM	*	
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Tallahassee, FL 32303	(850)222-1092 Phone	
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CORPORAT	TION(S) NAME	
Middleburg Loc	lac No. 2410 Lo.	yal Order of Moose In
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Verifier		
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W.P. Verifier	•	

CR2E031 (1-89)

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

Pursuant to th	e provisions of sections 607.0502	2, 617.0502, 607.1508, or 617.1508	3, Florida Statutes,
this statement	of change is submitted for a corpor	ration organized under the laws of t	he State of
Florida	in order to change its reg	istered office or registered agent, o	r both, in the State
of Florida.			
1. The name of	f the corporation: MIDDLEBURG L	ODGE NO. 2410, LOYAL ORDER OF	MOOSE, INC.
2. The principa	al office address: 1932 Long Bay R	d., Middleburg, FL 32068	R2
			SER
3. The mailing	address (if different): P.O.	Box 2062	To o
	MIDOLE	1014 FL 32050-200	2 2
4. Date of inco	rporation/qualification:7/3/93	Document number:	N93000003075
	nd street address of the current regi- artment of State:	stered agent and registered office on	file with the
	Lexis Document Services Inc.,		
	3953 WW Kelley Road		Mariana C.
	Tallahassee, FL 32311		
6. The name a changed):	nd street address of the new regis	stered agent (if changed) and /or re	egistered office (if
	c/o CT Corporation System, 1200 S	South Pine Island Road	
	· · · · · · · · · · · · · · · · · · ·	mailbox NOT acceptable)	
	Plantation, Florida 33324		 -
The street addr agent, as chang	ess of its registered office and the ged will be identical.	street address of the business offic	e of its registered
Such change wanthorized by t	as authorized by resolution duly a he board, or the corporation has b	dopted by its board of directors or een notified in writing of the chang	by an officer so
9251	r, chairman or vice chairman of the board)	(Printed or typed name and title)	Abministration
I further agree performance of registered agen office address,	to comply with the provisions of a my duties, and I am familiar with at. Or, if this document is being fill hereby confirm that the corpora	rent and agree to act in this capacit all statutes relative to the proper and and accept the obligation of my p led merely to reflect a change in th tion has been notified in writing of	nd complete osition as te registered this change.
- 9 9	enature of Registered Alent)	5-(2-01))
If signing on beha	If of an entity:	Loffrey R. Graves	
CT Corporation	-	/assistant Secretary	
(Typed or Printed Name)	(Capacity)	

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