N9300005354

(Re	questor's Name))			
(Ad	dress)				
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· (Cit	y/State/Zip/Phon	ie #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
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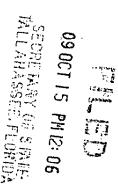


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RA Chang C.COULIMITE OCT 19 2009 EXAMINER





CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960

850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

October 15, 2009

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 7676800 SO

Customer Reference 1:

COA

Customer Reference 2:

None Given

Dear Department of State, Florida:

Please obtain the following:

Buck Head Ridge Lodge No. 2417, Loyal Order of Moose, Inc. (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Freddy Morales Corporate Operations Mgr. freddy.morales@wolterskluwer.com

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

statement of cha	nge is submitted for a cor	poration organiz	607.1508, or 617.1508, Flow ander the laws of the State and agent, or both, in the State	e of Florida
1. The name of t	he corporation:	d Ridge Lodge No	. 2417, Loyal Order Of Moose	e, Inc.
2. The principal				
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification:	11/29/93	Document number:	N93000005354
	street address of the curr tment of State: (If resigne		ent and registered office on fi	le with the
	PATENT, JOHNNIE H			
	1098 CYPRESS ST., BHI	R ОКЕЕСНОВЕЕ	FL 34974	birtumid Sira
6. The name and (if changed):	street address of the new	registered agent	(if changed) and /or registered	ed office
	C T Corporation System			
	c/o C T Corporation Syste			— AR 90
	Plantation, Florida 33324	P.O. Box NOT a	acceptable	
	ss of its registered office be identical.		ddress of the business office	~ 10
authorized by th	e board, or the corporati	on has been noti	by its board of directors or befield in writing of the change	e. Sim officer so
\mathcal{L}	<i>b</i>		Kimberly Breunling,	
I hereby accept to I further agree to	o comply with the provis	ions of all statut	Printed or typed name agree to act in this capacity es relative to the proper an ation of my position as regi registered office address, T). d complete performance
By: Do G T Corporation System 10/15/09			9	
	ature of Registered Agent th Assistant Secreta nalf of an entity:	ry	Date	
Ту	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)