N9400002812

(Req	uestor's Name)	
(Addi	ress)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

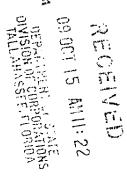
Office Use Only



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R.A. Charge

C.COULLIETTE

OCT 15 2009

EXAMINER



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 #: 7676723 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Cypress Moose Legion No. 202, 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 co	rporation organiz	, 607.1508, or 617.1508, Flor ted under the laws of the State ted agent, or both, in the State	of Florida
1. The name of	the corporation: Cypress M	Moose Legion No.	202, Inc.	
2. The principal				
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	06/01/94	Document number:	N94000002812
	I street address of the curtiment of State: (If resignate		ent and registered office on fil	le with the
	CORPORATION SERV	ICE COMPANY		
	1201 HAYS STREET TALLAHASSEE FL 32301			
			ere militare i i i i i i i i i i i i i i i i i i i	— <u> </u>
6. The name and (if changed):	d street address of the new	v registered agent	(if changed) and /or registere	Of man
	C T Corporation System			
	c/o C T Corporation Syst	em, 1200 South Pi	ne Island Road	
		P.O. Box NOT	acceptable	
	Plantation, Florida 33324	\		
The street address changed will	ess of its registered offic be identical.	e and the street a	ddress of the business office	of its registered agent,
Such change was authorized by	as authorized by resolutine board, or the corporat	on duly adopted ion has been not	by its board of directors or bified in writing of the change	oy an officer so
		-	Kimberly Breunling,	Vice President
•	re of an officer or director		Printed or typed name	
I further agrée of my duties, and document is bei	to comply with the provi	sions of all statu d accept the oblig t a change in the	agree to act in this capacity tes relative to the proper and gation of my position as regi registered office address, T	d complete performance
By: 0, 9T	Corporation System	-A:	10/15/0	9
Sig	nature of Registered Agent	277	Date	
	th Assistant Secret chalf of an entity:	aly		
		<u></u>		
T	voed or Printed Name			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)