N9400003518

(Re	equestor's Name)	
, (Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	· #)
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APPROVES AND FILED

R.A. Change

C. Coullieite DEC 0 5 2007



ACCOUNT NO. : 07210000032 REFERENCE : 323656 Casses 58 AUTHORIZATION : COST LIMIT : \$ 35.00				
ORDER DATE: November 15, 2007				
ORDER TIME : 12:09 PM				
ORDER NO. : 321056-590				
CUSTOMER NO: 7394358				
CHANGE OF AGENT NAME: SAILFISH MOOSE LEGION NO. 197				
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	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organiz r to change its registered office or register		rhis		
1. The name of t	he corporation: SAILFISH MOOSE LEGIC	ON NO. 197 INC.			
2. The principal office address: 14800 22nd Road N, Loxahatchee, FL 33470					
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 07/13/1994	Document number:N94000003518			
	street address of the current registered agreement of State:	ent and registered office on file with the			
	C T Corporation System				
	1200 South Pine Island Road				
	Plantation, FL 33324				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company				
	(
	1201 Hays Street (P.O. Box NOT acceptable)				
	Tallahassee, FL 32301				
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.					
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.					
Maureen Cullen, Attorney In Fact (Signature of an officer of director) (Printed or typed name and title)					
I further agree to of my duties, an document is being corporation has	the appointment as registered agent and o comply with the provisions of all status of a land accept the obliging filed merely to reflect a change in the been notified in writing of this change. Service Company	agree to act in this capacity. tes relative to the proper and complete per cation of my position as registered agent. registered office address, I hereby confire	rformance Or, if this n that the		
Sig	(Signature of Registered Agent) (Date)				
If signing on be	half of an entity:				
Michelle R. Vannoy, Assistant Vice President					

* * * 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)

(Typed or Printed Name)

APPROVE