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SECRETARY OF STATE

C.COUL

OCT 16 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 #: 7677194 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Halifax River Lodge No. 2516, 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 THANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Flor d under the laws of the State d agent, or both, in the State	g of Florida	
1. The name of t	he corporation: Halifax R	River Lodge No. 251	6, Loyal Order Of Moose, Inc	·.	
2. The principal			<u> </u>		
3. The mailing a	ddress (if different):		31 AA**		
4. Date of incorporation/qualification:				N99000005901	
	street address of the cur tment of State: (If resign		nt and registered office on fil	le with the	
	CORPORATION SERV	ICE COMPANY			
	1201 HAYS STREET TA	ALLAHASSEE FL	32301		
6. The name and (if changed):	street address of the nev	v registered agent (if changed) and /or registere	SECRIFICATION OF THE SECRETARIAN	
	C/O C T Corporation System	em, 1200 South Pin	e Island Road	— 袋 元	
		P.O. Box NOT a	ceptable		
The street addre	Plantation, Florida 33324 ss of its registered office be identical.		dress of the business office	of its registered agent,	
	,		y its board of directors or bed in writing of the change		
	2-1		Kimberly Breunling,		
I hereby accept I further agree t of my duties, an document is bei	o comply with the provi	isions of all statute d accept the obliga t a change in the r	Printed or typed name agree to act in this capacity is relative to the proper and ation of my position as regi registered office address, I). d complete performance	
By: Release I Security		10/15/0	9		
Rebecca Bar	nature of Registered Agent th Assistant Secret half of an entity:	ary	Date	And the state of t	
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 CR2E045 (8/05)

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