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Division of Corporations

0001

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.  
Account Number : 076077002775  
Phone : (407) 246-8450  
Fax Number : (407) 423-7014

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

FRATERNAL ORDER OF EAGLES AERIE #4414, INC.

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Corporate Filing Menu

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T. Roberts NOV 20 2007

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Fraternal Order of Eagles Aerie #4414, Inc.
2. The principal office address: 2995 Enterprise Road, DeBary, Florida 32713
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/26/2001 Document number: P01000104444
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

June M. Reckert
77 S. Hwy 17-92
DeBary, Florida 32713

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

WHWW, Inc.
390 N. Orange Ave., Ste 1500
(P.O. Box NOT acceptable)
Orlando, Florida 32801

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.

Debbie Fricke  
(Signature of an officer or director)

Authorized Agent  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Debbie Fricke  
(Signature of Registered Agent)

11/20/07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed 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)

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