

P970000 36616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

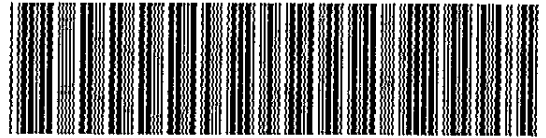
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P97000036616
RACH 3/2/03
1-3-03

CFRA, LLC
Registered Agent Services
A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5TH FLOOR
777 S. HARBOUR ISLAND BOULEVARD
TAMPA, FLORIDA 33602-5730

MAILING ADDRESS:
P. O. BOX 3239
TAMPA, FLORIDA 33601-3239
TEL (813) 223-7000 FAX (813) 229-4133

January 2, 2003

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

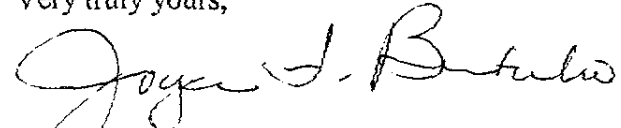
Re: Registered Agent Statement of Change

Gentlemen:

Please find enclosed statement of change for the registered agent of Maspons Funeral Home, Inc.

Also enclosed is Carlton Fields' Check No. 308560 in the amount of \$35.00 for the payment of the filing fees of the above-described statement of change.

Very truly yours,



Joyce F. Bentubo
Administrative Assistant

jfb
Enclosures

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: MASPONS FUNERAL HOME, INC.

2. The principal office address: 4111 LEJEUNE ROAD
CORAL GABLES, FL 33146

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/23/1997 Document number: P97000036616

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

AMERICAN INFORMATION SERVICES, INC.
1 SOUTHEAST THIRD AVENUE, 28TH FL
MIAMI, FL 33131

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

CFRA, LLC
ONE HARBOUR PLACE, 5TH FL, 777 S. HARBOUR ISLAND BLVD.
(P.O. Box or personal mailbox NOT acceptable)
TAMPA, FL 33602-5730

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03 JAN -3 AM 9 19
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TALLAHASSEE, FLORIDA

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.


(Signature of an officer, chairman or vice chairman of the board)

MIGUEL A. MASPONS, VICE PRESIDENT
(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.


(Signature of Registered Agent)

1-02-03
(Date)

If signing on behalf of an entity:
Peter J. Winders
(Typed or Printed Name)

Vice President
(Capacity)

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