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SECRETARY OF STATE

C GOLDEN MAY 1 8 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Compa	issionate Cremations Daytona In
	000028641
The enclosed Articles of Amendment and fee a	ere submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
	Name of Contact Person
P.O. Box	Firm/ Company 25 (o H
DRMOND	Beach FL 32175 City/ State and Zip Code
Citrus Gro E-mail address: (to	ve (remations@g mail.com be used for future annual report notification)
For further information concerning this matter,	please call:
Erik Pervy Name of Contact Person	at (384) 453 – (a171 Area Code & Davtime Telephone Number
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat	
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment Articles of Incorporation

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to	noncomplian and the second sec
Articles of Inc	rorporation
Compassionate Crematic	
$\frac{\text{(Name of Corporation as current)}}{\text{PAS}} \times \text{NACO} = 7.8 \times 1.41$	ly filed with the Florida Dept. of State)
(Document Number o	of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
Articles of Incorporation:	
If amending name, enter the new name of the corporation:	1 E + a
me must be distinguishable and contain the word "corporation	The new
Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or " ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
• •	λ \ / Δ
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>)	
	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<i>N</i> /A
	· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or registered office add	lress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Elasida y	and add and
	reet address)
New Registered Office Address:	(Ciry) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent	t·
nereby accept the appointment as registered agent. I am familiar	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			· · ·
Remove			
Kullove			
6) Change			-
Add			•
Remove			

. If amending or add	ing additional Arti	cles, enter change(s) here:		
(Attach additional sh	eets, if necessary).	(Be specific)			
1 / / A					
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If an amendment pr	rovides for an exch lementing the ame	ange, reclassificati	on, or cancellation	1 of issued shares,	
(if not applicab	ole, indicate N/A)	adment a not conta	imed in the ament	ment usen;	
4 1) B	,				
_[\]					
1011.					
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The date of each amendment(s) adoption: date this document was signed.	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
Dated May 9 2018	
Signature (By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Erik G. Perry	
(Typed or printed name of person signing)	
President	
(Title of person signing)	