I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears	
above, or on an attachment with all other like empowered.	

#### SIGNATURE: RICHARD D ROOT

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

#### DOCUMENT# N9300000462

Entity Name: ST. AUGUSTINE CEMETERY ASSOCIATION, INC.

### **Current Principal Place of Business:**

505 N RODRIQUEZ STREET ST. AUGUSTINE, FL 32095

## **Current Mailing Address:**

7545 CENTURION PKWY **UNIT 301** JACKSONVILLE, FL 32256 US

# FEI Number: 59-0432160

### Name and Address of Current Registered Agent:

THAMES MARKEY & HEEKIN **50 N LAURA STREET SUITE 1600** JACKSONVILLE, FL 32202 US

SIGNATURE:	RICHARD R. THAMES	01/30/2017
	Electronic Signature of Registered Agent	Date

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# **Officer/Director Detail :**

Title	DCTP	Title	S
Name	ROOT, RICHARD D	Name	MATKIN, JESSICA W
Address	8444 STABLES ROAD	Address	4562 ROCKY RIVER RD W
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32224
Title	D	Title	D, VP
Title Name	D AKIN, BARRY B	Title Name	D, VP HICKINBOTHAM, MARK E
	-		,
Name	AKIN, BARRY B	Name	HICKINBOTHAM, MARK E

Certificate of Status Desired: No

FILED Jan 30, 2017 Secretary of State CC4069409643

01/30/2017 Date