Fax Server

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sion of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195

Phone

: (850)521-1000

Fax Number

: (850)558-1515

er the email address for this business entity to be used for $\hat{\mathbf{f}}$ annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE OAKLAWN CEMETERY ASSOCIATION

Certificate of Status.	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this schange is submitted for a corporation organized under the laws of the State of <u>FLORIDA</u> reder to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	of the corporation: OAKLAWN CEMETERY ASSOCIATION	
2. The principal	pal office address: 1929 Allen Parkway, Houston, TX 77019	
3. The mailing a	g address (if different):	
4. Date of incorp	orporation/qualification: 06/11/1934 Document number: 018179	
	and street address of the current registered agent and registered office on file with the partment of State:	動
	Virginia R. Taylor)
	4801 San Jose Blvd.	DEC -2
	Jacksonville, FL 32207	P
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office):	3:01
	Corporation Service Company	2
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street addre	dress of its registered office and the street address of the business office of its registered ago ill be identical.	ent, .
Such change wa authorized by th	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Surrati	RET KEY SECRETARY (Printed or type-graph and bille)	
I hereby accept I further agree to of my duties, an document is bei corporation has	pt the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performs and I am familiar with and accept the obligation of my position as registered agent. Or, if seeing filed merely to reflect a change in the registered office address, I hereby confirm that has been notified in writing of this change.	ince this the
By: / Ap	signature of Righter of Agent) (Deta)	
If signing on be	behalf of an entity: Carina L. Duniap Asst Vice President	
(1	(Typod or Printed Name)	

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

MAKE CITECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)