

Document Number Only

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CT Corporation System

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32310 222-1092

City State Zip Phone

CORPORATION(S) NAME

600002718176--1  
-12/22/98--01001-018  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Woodlawn Memory Gardens, Inc

- ☐ Profit ☐ Amendment ☐ Merger  
☐ NonProfit ☐ Foreign ☐ Dissolution/Withdrawal ☐ Limited Liability Company  
☐ Limited Partnership ☐ Annual Report ☐ Other  
☐ Reinstatement ☐ Name Registration ☒ Change of R.A.  
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Florida Department of State, Jim Smith, Secretary of State

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Woodlawn Memory Gardens, Inc.

1b. Date of incorporation June 9, 1948 Document number 018300

2. The name and address of the current registered agent and office:

Keenan L. Knopke

1201 South Orlando Ave., Suite 365, Winter Park, Florida 32789

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

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c/o C. T. CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324

The street address of its registered agent 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.

[Signature]  
SIGNATURE

DATE

Frank L. Matasavage, Secretary  
(Type or printed name and title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

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SIGNATURE BY:

Victor Alfano (Registered Agent)

DATE

Asst. Sec.

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

CR2E045 (7-91)

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