

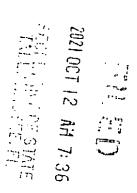
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10/12/21--01027--010 **43.75



A.BUHEN 10/19/21

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: STATE PARK CEMETERY CO.						
DOCUMENT NUMBER: 223560						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Zach Henson Name of Contact Person						
Name of Contact Person						
State Park Cemetery Company Firm/ Company						
· ·						
3402 34th Street Address						
Address						
Orlando, FL 32805 City/ State and Zip Code						
City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Zach Henson at (828) 553-2527 Name of Contact Person Area Code & Daytime Telephone Number						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) \$35 Filing Fee Certificate of Status S43.75 Filing Fee Certified Copy Certificate of Status Certified Copy (Additional Copy is enclosed)						
Mailing Address Amendment Section Street Address Amendment Section						
Division of Corporations Division of Corporations						
P.O. Box 6327 The Centre of Tallahassee Tallahassee, Ft. 32314 2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

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STA	ITE PARK	CEMETER	GOLDET!	2 AM 7: 35
(Name of	Corporation as curren	itly filed with the F		
	222560)	nown)	: THE STATE
	(Document Number	of Corporation (if k	(nown) 3	72
Pursuant to the provisions of section 607.16 its Articles of Incorporation:	006. Florida Statutes, thi	is Florida Profit Co	rporation adopts the	: following amendment(s) t
A. If amending name, enter the new nan	ne of the corporation:			
				The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Co.," chartered," "professional association," o	rp, " "Inc, " or "Co".	A professional co	corporated" or the ac rporation name mu	bbreviation "Corp.,"
B. Enter new principal office address, if (Principal office address MUST BE A STI				
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of				
D. If amending the registered agent and/ new registered agent and/or the new			iter the name of th	<u>c</u>
Name of New Registered Agent	Zachary t	Finson		
_	•		rland, FC	328 <i>0</i> 5
New Registered Office Address:		(City)	, Florida	1 (Zip Code)
New Registered Agent's Signature, if cha Thereby accept the appointment as register	anging Registered Ager ed agent. I am familian	<u>11:</u> with and accept the	e obligations of the p	position.
	Signature of New	Registered Agent, ij	changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Example:	ove, ana sany smu	n, or as an elad.	
X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PSD	Zachary Henson	3743 Ethan Lane
X Add		'	Orlando, FL 32814
Remove			
2) Change	CTD	James R. Henson	3402 344h St
Add			Orlando FL 32805
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u> </u>	s. if necessary).	(Be specific)				
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The date of each amendment (date this document was signed.	s) adoption:	, if other than th
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Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this dat e Department of State's records.	e will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☑ The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s re sufficient for approval.)
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	ગા
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
万 Dated	10/5/2021	
Zy Daled	10/5/2021 Comp Heron	
	a director, president or other officer – if directors or officers have not been	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
٥	TAMES R HENSON (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
a	(Title of person signing)	
9	(Title of person signing)	