313565

Document Number Only

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Requ	estor's Name 660 East J ef:	ferson St	reet	
Addr			··· ··· ···	
	Tallahassee,	FL-32310	222-1092	
City	State	Zip	Phone	

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CORPORATION(S) NAME

God Speped	Memorial Mardens, Inc.	SECRETARY TALLAHASSE	98 DEC 2
() Profit () NonProfit	() Amendment	() Merger	
() Foreign () Limited Partnership () Reinstatement	() Dissolution/Withdrawal () Annual Report () Name Registration	() Other X 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 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: Good Sheperd Memorial Gardens, Inc.
1b. Date of incorporation February 8, 1967 Document number 313565
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) C T CORPORATION SYSTEM
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. Frank L. Matasavage, Secretary (Type or printed name and title) DATE
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. SIGNATURE BY: Victor Alfano (Registered Agent) DATE HAVING BEEN NAMED AS REGISTERED AGENTAGE TO COMPLY AGENTAGE TO COMPLY ALL AGENTAGE TO COMPLY AGENTAGE
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

(FLA - 2194 - 3/4/92)

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