

437895

Trusted Funeral Plans

(Requestor's Name)

P. O. Box 13407

(Address)

(Address)

Tallahassee, Fl. 32317

(City/State/Zip/Phone #)

850-425-1340

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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03/25/03--01032--021 \*\*35.00

FILED  
03 MAR 25 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. change  
3/25/03 T. Lewis

**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,  
this statement of change is submitted for a corporation organized under the laws of the State of  
Florida in order to change its registered office or registered agent, or both, in the State  
of Florida.

1. The name of the corporation: Trusted Funeral Plans, Inc.
2. The principal office address: 1200 Thomasville Road  
Tallahassee, FL 32303
3. The mailing address (if different): P. O. Box 13407  
Tallahassee, FL 32317
4. Date of incorporation/qualification: 10/9/73 Document number: 437895
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

Harriet C. Irwin

1200 Thomasville Road

Tallahassee, FL 32303

6. The name and street address of the new registered agent (if changed) and /or registered office (if  
changed):

William H. Williams, Jr.

1200 Thomasville Road

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32303

The street address of its registered office 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, or the corporation has been notified in writing of the change.

  
(Signature of an officer, chairman or vice chairman of the board)

William H. Williams, Jr., President  
(Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered  
office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

3-17-03  
(Date)

If signing on behalf of an entity:

William H. Williams, Jr.  
(Typed or Printed Name)

President  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314