50540 Requestor's Name

Cemetery Management 1201 G. Orlando Ove #365 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) *****35.00 *****35.00 (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time □ Walk in Certified Copy Mail out Photocopy Will wait Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

De la

Florida Department of State, Sandra B. Mortham, Secretary of State

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

	provisions of sections 607.05			
	oration organized under the l ving statement in order to ch			·
State of Florida.			3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1. The name of th	e corporation is:			
	ALL FAITHS MEMORIAL P	ARK, INC.		
2. The mailing ad	dress of the corporation is:			
1201 S. 01	rlando Ave., Suite 365,	Winter Park,	FL 32789	
3. Date of incorpo	oration/qualification: 6/12 address of the current registe	/1978 ered agent and off	Document numb	er: <u>575479</u>
_	Raymond C	. Knopke Jr.		
_	1201 S. Orlando Ave., Ste. 365			
_	Winter Pa	rk, FL 32789		
5. The name and	address of the new registered	agent and office	(P.O. Box Not A	acceptable FILED
_	Keenan L. K	Inopke		
_	1201 S. Or1	ando Avenue, :	Suite 365	
_	Winter Park	c, FL 32789	·· · · · · · · · · · · · · · · · · ·	
The street address agent, as changed	s of its registered office and t, will be identical.	he street address	of the business of	fice of its registered
Such change was authorized by the	authorized by resolution duly board	y adopted by its b	oard of directors	or by an officer so
(Signature of an office	Tyle T, chairman or vice chairman of the	e board)	# 5/27/ (Date)	97
	Keenan L. Knopke - Pres			
Havina heen nam	· ·	d or typed name and	•	ahova stated comparation
I hereby accept the comply with the pand I am familiar	ed as registered agent and to ne appointment as registered rovisions of all statutes relat with and accept the obligati	agent and agree tive to the total agree tive to the proper ion of my position	to act in this cape and complete per as registered ago	icity. I further agree to formance of my duties, ent.
8 Muen. (Signature o	Syle f Registered Agent)		5/27/97 (Date)	
If signing on beha	alf of an entity:			
Keenan L. (Typed or P	Knopke rinted Name)		President/Assi (Capac	stant Secretary

FILING FEE: \$35.00

CR2E045(1/95)