DOCUMENT # 636236 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name HARPER-MORRIS MEMORIAL CHAPEL, P.A. 02-02-2000 90037 044 ***150.00 Principal Place of Business Mailing Address 2276 AIRPORT BLVD. "2276 AIRPORT BLVD. PENSACOLA FL 32504 PENSACOLA FL 32504-8909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1933550 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORRIS, BEN A. 2276 AIRPORT BLVD. PENSACOLA FL 32504 ed agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office MORNS FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. SID ☐ Change ☐ Addition CR2E034 (9/99) TITLE Delete TITLE MORRIS, DONALD R NAME NAME 2276 AIRPORT BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 00000 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete Change Addition TETLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. It hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receives or prustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachmen

SIGNATURE:

DONALD RIMBARIT

1.26-2000