

Document Number Only

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CF Corporation System

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32310 222-1092

City State Zip Phone

CORPORATION(S) NAME

100002675681--6  
-10/29/98--01064--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

RA  
Change

Thompson Funeral Home, Inc

- 98 OCT 29 AM 11:09  
DIVISION OF CORPORATIONS
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment                  | <input type="checkbox"/> Merger                    |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Dissolution/Withdrawal     | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Annual Report              | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Name Registration          | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> UCC-1 Financing Statement  | <input type="checkbox"/> UCC-3 Filing              |
| <input type="checkbox"/> Fictitious Name     | <input type="checkbox"/> Photo Copies               | <input type="checkbox"/> CUS                       |
| <input type="checkbox"/> Certified Copy      | <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem           |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Will Wait                  | <input type="checkbox"/> After 4:30                |
| <input checked="" type="checkbox"/> Walk In  |   | <input checked="" type="checkbox"/> Pick Up        |
| <input type="checkbox"/> Mail Out            |   |  |

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Thank You!!

10/29

Hope

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: Thompson Funeral Home, Inc.

1b. Date of incorporation 09/21/83 Document number \_\_\_\_\_

2. The name and address of the current registered agent and office:

Roger Thompson, 511 West Emmett Street

Kissimmee, FL 32741

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.

T. C. Livengood  
SIGNATURE  
10/21/83  
DATE

Thomas C. Livengood  
(Type or printed name and title)

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.

C T CORPORATION SYSTEM  
SIGNATURE BY: Jennifer M. Burnett  
(Registered Agent) Jennifer M. Burnett  
DATE 10-28-93 Spec Asst. Secy.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

Filing Fee: \$35.00