## H60335

<u> </u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to ruing Officer.

Office Use Only



100302500951

08/29/17--01013--005 \*\*43.75

TILTU

THE NUC 29 P H OF STATE

SEP 0 1 7017

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Sunnyside Cemet	ery, Inc.	_
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	condence concerning this ma	atter to the following:	
,	John T. McQueen		
-		Name of Contact Perso	n .
-		Firm/ Company	
•	973 31st Terrace NE		
:	St Petersburg, FL 33704	Address	
_		City/ State and Zip Cod	e
john@	ideamcqueen.com		
	<del>-</del>	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
John T. McQueen		at (	580-6411
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Sunnyside Cemetery, Inc.			
(Name o	of Corporation as curr	ently filed with the Florida I	Dept. of State)
· · · · · · · · · · · · · · · · · · ·	(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, t	his <i>Florida Profit Corporatio</i>	n adopts the following amendment(s) to
A. If amending name, enter the new na McQueen Legacy #2, Inc.	me of the corporation:	1	
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." a	r "Co". A professional corr	The new orporated" or the abbreviation poration name must contain the
B. Enter new principal office address, if applicable:		973 31st Terrace NE	
(Principal office address MUST BE A ST	REET ADDRESS)	St Petersburg, FL 3370	14
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		973 31st Terrace NE	
		St Petersburg, FL 3370	4
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	registered of fice addr	ddress in Florida, enter the ress:	name of the
	973 31st Terrace NE		
New Registered Office Address:	St Petersburg	sireel address)	. Florida 33704
		(City)	(Zip Code)
New Registered Agent's Signature, if che hereby accept the appointment as registed.		nt: or with and accept the obligate or Registered Agent, if changin	AUG 29 AHÁSSEI

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

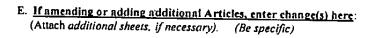
Please note the officer/director title by the first letter of the office title:

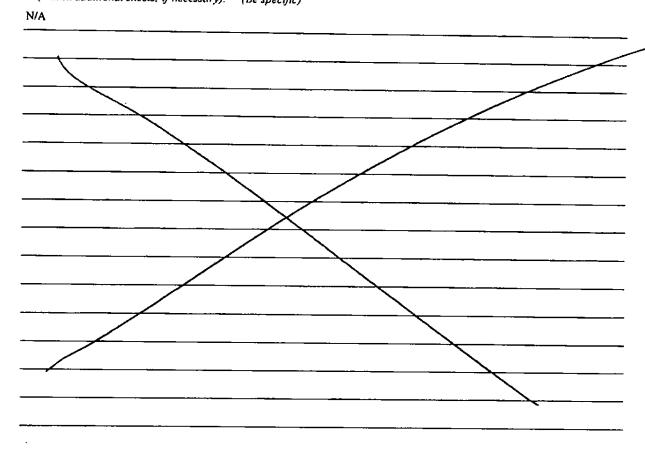
P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Nam <b>ç</b>	<u>Addres</u> s
Change			
Add			
Remove			
2) Change	egthinspace =  egt		
Add			/
Remove			
3) Change			
Add			
· Remove		$\times$	
4) Change	<del></del>		
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change			
Add			
Remove			

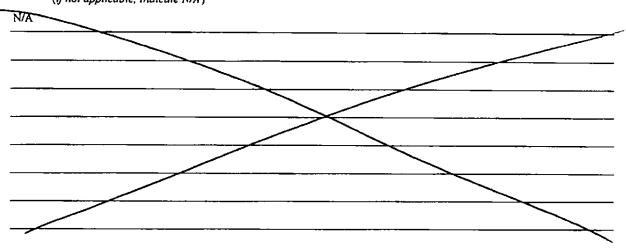
Page 2 of 4





F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)



date this document was signed.	doption:	_, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this l document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated OS	1/24/2017	
Signature		
(By a di	rector president or other officer - If directors or officers have not been	-
	Lby an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	John McQueen	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	·