## L10000113658

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

APEROVED

Jul. 2.1 2015



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard

llockar2@cscinfo.com,

Date: July 1, 2014

Order#: 184551/101

Re: S.E. CEMETERIES OF FLORIDA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	ame of the limited liability of 2400 HARRELL RD		(b				
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0	'/ <del></del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	ORLADNO	FL 32817	<del></del>				
	10/29/2010			L100001	113658		
3.	Date of filing/regis	tration in Florida	4.		Document number		
5. (a)	C T CORPORATION SY	STEM					
J. (a,	Registered Agent and Registered		the Florida	Dept, of Sta	 ate:		
	1200 SOUTH PINE ISLAND ROAD					Ac t	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_		
				_		発し	
	PLANTATION	, F	L <u>3332</u> 4	ļ	<del>-</del> -	SECRETARY OF ALLAHASSEE, F	
(b)	Corporation Service Comp	anv				I: I STAT FLOR	
\ /	Enter name of NEW Registered Agent and/or NEW Registered Office address:				<b></b>	AE T	
						Þ	
	1201 Hays Street						
	NEW Registered Office Address	:					
				<u> </u>	<del></del>		
	Tallahassee	, F	32301		_		
the ch agent was/w	limited liability company is range or changes are made, the will be identical. Or, in the overe authorized by an affirmaticles of organization or the o	e Florida street address of a Florida limited live vote of the members	f the reginability constants of the limited from the limi	stered offic ompany, it nited liabili	ce and the business offi is hereby confirmed th ity company or as other	ice of the registered at the change(s)	
				na Priebe, .	Priebe, Authorized Person		
_	ature of a kiember winthorized rep				Printed or typed name of	_	
provis the ob to mei	eby accept the appointment a sions of all statutes relative to digations of my position as re- rely reflect a change in the re ed in writing of this change.	s registered agent and ag the proper and complete gistered agent as provid gistered office address, l	ree to act e perform ed for in ( hereby c	t in this cap ance of my Chapter 60 onfirm tha	pacity. I further agree y duties, and I am famil )5, F.S. Or, if this docu at the limited liability co	to comply with the liar with and accept ument is being filed ompany has been	
	Chaca C?	rabile.	DV C	IT TE	** done - A cut	D '3	
Signat	ure of Registered Agent Corpora	tion Service Company	BY: G	race E. K	Lirby, Assistant Vice	Presid	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00