L18000247842

(Requestor's Name)							
(A	(Address)						
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(B	usiness Entity Name)						
(D	ocument Number)						
Certified Copies	Certificates of	Status					
Special Instructions to Filing Officer:							

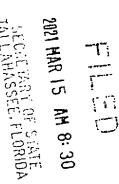
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COVER LETTER

то:	Registration Section Division of Corporations			·		
SUBJ.	FIRST CHOICE FUNERAL SUPPLIES, LLC					
0000		ame of L	imited Li	ability Company		
Dear S	ir or Madam:					
The er	closed Registered Agent/Registered O	ffice Cha	inge and	fee(s) are submitted for filing.		
Please	return all correspondence concerning	this matte	er to the f	ollowing:		
HENR	Y N. HALL					
	Name of Person					
FIRST	CHOICE FUNERAL SUPPLIES, LLC					
 	Firm/Company	**************************************		_		
2014 E	DGEWATER DR., SUITE-216					
	Address			_		
ORLA	NDO, FL 32804					
	City/State and Zip Code					
hhall.fo	lfp@gmail.com					
Ī	-mail address: (to be used for future an	nual rep	ort notifi	cation)		
For fu	rther information concerning this matte	r, please	call:			
HENR	Y N. HALL	at (407	949-2178		
	Name of Person	(-		Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Enclosed is a check for the following amount:

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.

1. Na	me of the limited liability company: FIRST CHOICE	E FUNERA	L SUPPLI	ES, LLC		
2. (a)	FIRST CHOICE FUNERAL SUPPLIES, LLC	(b	SAME			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(5	/	Mailing address of (Note: MAY B)	-	
	2014 EDGEWATER DRIVE, SUITE-216		2014 ED	GEWATER DRIV	/E	
	ORLANDO, FL 32804		ORLAND	OO, FL 32804		
	OCTOBER 22, 2018			L1800024784	2	
3.	Date of filing/registration in Florida	4.	*, *	Document nun	nber	
5. (a)	VICTOR IACONE					
J. (u)	Registered Agent and Registered Office shown on the records of 2014 EDGEWATER DRIVE	f the Florida	Dept. of Sta	nte:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				20 S TAI	
	SUITE-216				102 102	-71
	ORLANDO, F	L3280	4		2021 MAR 15 SECNETARY I FALLAHASSEE	<u></u>
(b)	HENRY N. HALL		Y OF STATE EE. FLORIDA	m		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	_		, .		
	2014 EDGEWATER DRIVE		30 IDA			
	NEW Registered Office Address:	_				
	SUITE-216			<u> </u>		
	ORLANDO . F	32804 I.				
change agent v was/we the arti	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members close of organization or the operating agreement of the	e registered iability cort of the limited list	d office ar npany, it i ted liabili	nd the business of is hereby confirm ty company or a mpany. ALL	office of the remed that the cost otherwise p	egistered hange(s)
I herel provisi the obli to mere notified	ture of a member of authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change	ree to act to performa ed for in C hereby con	in this cap nce of my hapter 60, nfirm that	Printed or typed in a pacity. I further duties, and I am 5, F.S. Or, if this the limited liabi	agree to com	ply with the h and accept s being filed has been