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| (Re | questor's Name) | | | |
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| PICK-UP | | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: Tamped Co | nited Liability Company | | |
| Dear Sir or Madam: | , | | |
| | | | |
| The enclosed Registered Agent/Registered Office Chan | ige and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter | to the following: | | |
| Jerry Lee Russler | | | |
| Name of Person | | | |
| Tampa Cremation | | | |
| Firm/Company | | | |
| | 1 - B144 | | |
| 8109 Martin Luther Ki | | | |
| Address | 7020 TA | | |
| Tampa FL 33619 | SECRETALLAI TALLAI | | |
| City/State and Zip Code | | | |
| FIRSTEAL 247 D gmail. | Cam Son To | | |
| E-mail address: (to be used for future annual repo | | | |
| For further information concerning this matter, please c | rall: | | |
| - | | | |
| Name of Person | 813 , 277 6963 | | |
| 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 | t: □ \$55 Filing Fee & Certified Copy | | |
| = 355 time rec & Centred Copy | | | |

INHS18 (2/14)

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.

| l. Na | me of the limited liability company: Tamph Crematica | م ددد | |
|--|---|---|---|
| | | | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | • | of limited liability company: BE POST OFFICE BOX) |
| | 8109 Ormartin Luther King Jr Blo | rl | |
| | | /~ | |
| | Tampy, FL 33619 | | · · · · · · · · · · · · · · · · · · · |
| | 5-27-20 L | 20000 | 143 410 |
| 3. | Date of filing/registration in Florida 4. | Document nu | mber |
| e () | Jerry Lee Russier | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of the Florida Dept. of | State: | |
| | | ~ | |
| | Design and Office Address (AMUST DE ELOBIDA STREET ADDRESS) | <u> </u> | |
| 1 | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | 🗝 |
| BIC | of Dr martin Luther King Jr Blvd | | DOZO JUL 14 SECREIAS |
| | Tampa ,FL 33619 | | |
| | , rt, | | A |
| (b) | Jerry LEE Russler | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | SOF PA |
| | | | PH 4: 14 |
| | | | |
| | NEW Registered Office Address: | | , , |
| | · · · · · · · · · · · · · · · · · · · | Blud | |
| | 8109 Dr martin Luther King Jr | | |
| | | _ | |
| | 1 amp9 .FL 3361° | 1 | |
| If the li | mited liability company is not organized under the laws of the State of | Florida it is here | by confirmed that after the |
| change | or changes are made, the Florida street address of the registered office | and the business | office of the registered |
| agent w | vill be identical. Or, in the case of a Florida limited liability company, are authorized by an affirmative vote of the members of the limited liab | it is hereby confi | rmed that the change(s) |
| the artic | cles of organization or the operating agreement of the limited liability of | отрапу. | as otherwise provided in |
| 4- | 7 Lee Russler | Jerry LEF | Russlep |
| Signat | ure of a member or authorized representative of a member | Jerry LEE Printed or typed | I name of signee |
| I hereb provision the oblit to mere notified | by accept the appointment as registered agent and agree to act in this comes of all statutes relative to the proper and complete performance of nigations of my position as registered agent as provided for in Chapter (in the registered office address, I hereby confirm the lin writing of this change. | rapacity. I furthen ny duties, and I a 505, F.S. Or, if th at the limited lial | r agree to comply with the m familiar with and accept is document is being filed bility company has been |
| Signatur | of Registered Agent | | |