M0800005347

(Requestor's Name)
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2022 IAN 28 FH 3: 29

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195								
REFERENCE : 567599 8373137								
AUTHORIZATION: Spelle man								
COST LIMIT : \$ 25.00								
ORDER DATE: March 23, 2022								
ORDER TIME : 1:21 PM								
ORDER NO. : 567599-031								
CUSTOMER NO: 8373137								
CHANGE OF AGENT								
NAME: SMART CREMATION, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY								
XX PLAIN STAMPED COPY								
CONTACT PERSON: Alexxis Weiland								

EXAMINER'S INITIALS:

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.

I. Na	nme of the limited liability company: SMART CREM	ATION	۱, LL	С		
2. (a)	1900 St. James Place		(b)	1900 St.	. James Place	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limi (Note: MAY BE PO	
	Suite 300			Suite 30	0	
	Houston, TX 77056	_		Houston	, TX 77056	
	12/09/2008		٨	10800000	05347	
3.	Date of filing/registration in Florida	4.			Document number	-
5. (a)						
5. (u)	Registered Agent and Registered Office shown on the records of	the Flo	rida I	Dept. of Sta	te:	
	C T CORPORATION SYSTEM					
	Registered Office Address (MUST BE FLORIDA STREET	ADDR.	ESS)		_	202
	1200 SOUTH PINE ISLAND ROAD	00 SOUTH PINE ISLAND ROAD				22 23
	PLANTATION . FL	3332	24		_ _	: V :20 :50
						7:
(b)					_	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office	addı	<u>ress</u> :		
	Corporation Service Company					0
	NEW Registered Office Address:				_	
	1201 Hays Street				_	
	Tallahassee	3230	1			
change agent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- tere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist ability of the	tered com limit	office ar pany, it i ed liabili	nd the business offic is hereby confirmed ty company or as of	e of the registered that the change(s)
	Xel E. While	J	ill Ci	lmi, Auth	orized Person	
	oure of a member or authorized representative of a member		-		Printed or typed name	_
provision the obli to mere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is provided in writing of this change.	ree to a perfor d for it hereby	act in man n Ch v con	i this cap ce of my apter 60, firm that	oacity. I further agr duties, and I am fan 5, F.S. Or, if this do the limited liability	ee to comply with the niliar with and accept ocument is being filed company has been
Signatur	re of Registered Agent	(Grac	e E. Kirb	y, Asst. Vice Presid	ent

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