## M0800005440

(Requestor's Name)						
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PICK-UF	P WAIT MAIL					
(Business Entity Name)						
(Decument Number)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 567599 8373137 AUTHORIZATION : COST LIMIT ORDER DATE: March 23, 2022 ORDER TIME : 1:21 PM ORDER NO. : 567599-019 CUSTOMER NO: 8373137 CHANGE OF AGENT NAME: SMART CREMATION OF FLORIDA, LLCPLEASE 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.

1. Na	ame of the limited liability company: SMART CREM	ATION (	OF FLORIDA	A, LLC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Suite 300		(b) 1900 St. James Place  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Suite 300		
2. (11)					
		12/12/2008		M0800000	5440
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the records of	Tthe Florid	la Dept. of Stat	e:	
	C T CORPORATION SYSTEM			292	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			7822 E.S.	
	1200 SOUTH PINE ISLAND ROAD			: : : : : : : : : : : : : : : : : : :	
	PLANTATION	33324		- 8	
				- ::	
(b)					
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	- - 9	
	Corporation Service Company			_	
	<u>NEW</u> Registered Office Address:				
	1201 Hays Street			_	
	Tallahassee	32301			
				-	
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of organization or the operating agreement of the	e register ability co of the lin	ed office an ompany, it is nited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	Xee E. Wene	Jill	Cilmi, Autho	prized Person	
Signa	dre of a member or authorized representative of a member		•	Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I I in writing of this change.	perform ed for in hereby c	ance of my o Chapter 605 onfirm that i	duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
<u></u>	Unace Cokubly	Gr	ace E. Kirby	Asst. Vice President	
Signatu	re of Registered Agent				