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	FUNERAL HOME, INC.		(•)							
DONGET							i i i i i i i i i i i i i i i i i i i			
rincipal Plac	ce of Business	Maili	ing Address							
29 ALLEN PARKWAY AVENUE H FLOOR DEPT 2834 DUSTON TX 77019		STH F	1929 ALLEN PARKWAY AVENUE 9TH FLOOR DEPT 2834 HOUSTON TX 77019							
						3. Date Inco 01/21/1	proprated or Qualified	3a. Date of 03/18/19		port
	Place of Business South Congress Av		Mailing Address			4. FEI Numi 59-286	ber		Арр	lied For Applicable
Suile, Apt.	second	S	Suite, Apt. #, etc.				e of Status Desired			dditional
City & Stat	te Worth, FL	•	City & State				Campaign Financing	_ \$	5.00 N	May Be
Zip	Country		?ip	Country	y		d Contribution oration has liability for	intangible tax u	nder s. 1	
33461	9. Name and Address of C	29 Current Register	red Agent	30		Florida S 10, Name ar	atutes	Yes 🛄 No		
	PRENTICE HALL CORP. SY	STEM, INC.		81	Name		· ·			
1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301					2 Street Address (P.O. Box Number is Not Acceptable)					
Inci				83		· · · · · · · · · · · · · · · · · · ·				·····
				84	City			FL 85	Zip Co	ode
Pursuant	Lto the provisions of Sections 60	7.0602 and 607								
		n loope and bor	1.1508, Florida Stati	ites, the abov	e-named	corporation submits	this statement for the	purpose of chan	ging its	registered
office or agent. I a	Lto the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the	State of Florida obligations of S	7.1508, Florida Stati Such change was Section 607.0505, I	utes, the abov authorized b lorida Statute	ve-named by the corp s.	corporation submits oration's board of d	this statement for the rectors. I hereby acce	purpose of chan pt the appointm	iging its ent as re	registered egistered
	registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of register					corporation submits oration's board of d	this statement for the rectors. I hereby acce	purpose of chan pt the appointm OATE	iging its ent as re	registered egistered
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GNATURE LE	Signature, typed or printed name of register OFFICER:	red agent and the if a	applicable (NC	DTE: Registered Ag 13. 1.1 TITLE	ent signature	required when reinstating) ADDITION PD	S/CHANGES TO OFFI	OATE	CTORS	5 IN 12
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