N1200008353

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COVER LETTER

TO: Amendment Section Division of Corporations

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Barberville Midway Cemetery Inc NAME OF CORPORATION:	
N12000008353	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Verna Council	
(Name of Contact Person)	
Barberville Midway Cemetery, Inc.	
(Firm/ Company)	
700 Bennett Road	
(Address)	
Pierson, FL 32180	
(City/ State and Zip Code)	
vernabarnard@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Verna Council 386 527-8210	
(Name of Contact Person) (Area Code) (Daytime Telephone Numb	er)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee Certified Copy (Additional Copy is Enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Barberville Midway Cemetery, Inc

(Name of Corporation as currently filed with the	Florida I	Dept. of State)	
N12000008353			
(Docum	nent Numb	er of Corporation (if know	(n'
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not For P</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the	corporat	ion:	
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		tion" or "incorporated" o	
B. Enter new principal office address, if applica	ble:	385 Barberville Cemeter	y Road
(Principal office address MUST BE A STREET ADDRESS		Pierson, Florida 32180	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A	<u>BOX</u>)	700 Bennett Road	
		Pierson, FL, 32180	
		-	
D. If amending the registered agent and/or regis			ter the name of the
new registered agent and/or the new register			
Name of New Registered Agent:	Verna Co	uncil	
	700 Benne	ett Road	
New Registered Office Address:		(Floride	a street address)
	Pierson		32180
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing R	Registered	Agent:	
I hereby accept the appointment as registered agen	i. I am far	miliar with and accept the	ral
	Si	gnature of New Registered	l Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	·
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>S</u>	Eunice M Turner	528 Crooked Stick Dr Daytona Beach, FL. 32114
2) Change Add	<u>ST</u>	Verna Council	700 Bennett Road Pierson, FL 32180
x Remove 3) Change Add Remove	<u>P</u>	William T. Wilkes	4580 Fairport Ave DeLeon Springs, FL 32130
4) × Change Add	Р	Karen Ellzey	5766 Johnson Lake Road DeLeon Springs, FL. 32180
Remove 5) Change Add x Remove	<u>v</u>	Claude McBride	PO Box 73 Barberville, FL. 32105
6) × Change Add	<u>V</u>	Josephine Barnard	6260 Lake Winona Road DeLeon SPrings, FL 32130
E. If amending or addir (attach additional shee		cles, enter change(s) here: (Be specific)	

	· · · · · · · · · · · · · · · · · · ·	
		·
 		
		
		
		
		
The date of each arrand mana(a) advantage	September 14, 2024	
date this document was signed.	Deparame / / 2027	_, ii other than the
3200 .4 . 3 . 40 . 4		
Effective date if applicable:	nore than 90 days after amendment file date)	
(no m	iore man 20 aays after amenamem file aute)	
Note: If the date inserted in this block does not document's effective date on the Department of	meet the applicable statutory filing requirements, this date will not State's records.	be listed as the
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the was/were sufficient for approval.	ne members and the number of votes cast for the amendment(s)	

ere are no memb opted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.
Dated _	10-16-24
Signature j	
Ĺ	By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Karen Ellzey (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President (Title of person signing)

Articles of Amendment to Articles of Incorporation of

Barberville Midway Cemetery, Inc	of
(Name of Corporation as currently filed with the Flor	rido Danta do
N12000008353	rida Dept. of State)
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the follow
A. If amending name, enter the new name of the corp	
	poration" or "incorporated" or the abbreviation "Corp." or "Inc.
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	385 Barberville Cemetery Road
SOUTH AND THE	ESS) Pierson, Florida 32180
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	700 Bennett Road
	Pierson, FL. 32180
. If amending the registered agent and/or registered onew registered agent and/or the new registered offic	office address in Florida, enter the name of the
	Council
	nnett Road
New Registered Office Address:	(Florida street address)
Pierson	
w Registered Agent's Signature is about	(City) (Zip Code)
w Registered Agent's Signature, if changing Registere ereby accept the appointment as registered agent. I am for	d Agent: amiliar with and accept the obligations of the position.
S	Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, (Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office

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			-
Example: X_Change X_Remove X_Add		<u>Doe</u> Jones Smith	•
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>s</u>	Eunice M Turner	528 Crooked Stick Dr Daytona Beach, FL. 32114
$\frac{2)}{x} \frac{\text{Change}}{\text{Add}}$	ST	Verna Council	700 Bennett Road Pierson, FL 32180
x Remove 3) Change Add Remove	<u>P</u>	William T. Wilkes	4580 Fairport Ave DeLeon Springs, FL 32130
4) × Change Add Remove	P	Karen Ellzey	5766 Johnson Lake Road DeLeon Springs, FL. 32180
5) Change Add X Remove	<u>v</u>	Claude McBride	PO Box 73 Barberville, FL. 32105
6) × Change Add Remove	<u>v</u>	Josephine Barnard	6260 Lake Winona Road DeLeon SPrings, FL 32130
E. If amending or add	ing additional Article eets, if necessary).	les, enter change(s) here: (Be specific)	

The second secon
the date of each amendment(s) adoption ()
date this document was signed.
as signed.
/ If other at the
Effective data to the state of
The date of each amendment(s) adoption: Slatember 14, 2024 if other than the Effective date if applicable:
in applicable:
(no more than 90 days 6
(no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lieuted at the document's effective date on the Department of State's records
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• 🗖	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 10-16-24
	Signature Kanen Ellipett (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) **Elizev** [Typed experience: Clyped experience: A content of the board, president or other officer-if directors or other officer-if directors or other officer-if director
	President (Title of person signing)