	·
NI WAR	Sti J. J. J. J.
(Requestor's Name)	
(Address)	
(Address)	800299040698
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	05/15/1701025027 **35.00
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	· ·
Office Use Only	and and
	JUL 1-1 ZUIT
	JUL



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2017

CATHY LEE CURRY 54 S RIDGEWOOD AVE ORMOND BEACH, FL 32174

SUBJECT: ORMOND BEACH OAKRIDGE CEMETERY, INC. Ref. Number: N14000010194

We have received your document for ORMOND BEACH OAKRIDGE CEMETERY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 017A00010256

. -0 A. H: 3

:

www.sunbiz.org

Division of Cornerations - D.O. ROX 6227, Tallebasson, Florida 22214

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Ormand Geach Liabridge Cemetery Inc. DOCUMENT NUMBER: <u>NIIGLATO3073</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: athy (Name of Contact Person) (Firm Company) Amend P Lench CCCC - Venue (Address) Seul 24 Vincind (City/ State and Zip Code)

Blessedelessed en aid. Computer annual report notification)

For further information concerning this matter, please call:

<u>(Name of Contact Person)</u> at <u>RCZ</u> (Area Code) $\frac{3 + (2 + 2) + (1 + 2)}{(\text{Daytime Telephone Number})}$

Enclosed is a check for the following amount made payable to the Florida Department of State:

☑ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Engloced)
			Enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tatlahassee, FL 32301

If amending name, enter the new name of the corporation: UP In must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." ompuny" or "Co." may not be used in the name.		
In Articles of Construction as currently filed with the Florida Dept. of State Construction as currently filed with the Florida Dept. of State MISSING Construction as currently filed with the Florida Dept. of State MISSING Construction as currently filed with the Florida Dept. of State MISSING Construction adopts the following MISSING Corporation adopts the following State of Incorporation: If amending name, enter the new name of the corporation: OP OP or "Inc." may not be used in the name Enter new mailing address, if applicable: Incorporation: Priter new mailing address, if applicable: Incorporation address in Florida, enter the name of the teve registered agent and/or registered office address: Now Registered Agen: (Plorida steed address) Man. of New Registered Agen: (Plorida steed address) New Registered Office Address: New Registered Office Address: (Plorida steed address) Inter new mailing address, if applicable: (Plorida ste	· ·	•
Articles of Incorporation of Colspan="2">Colspan="2"Colspan="2"Colspan="2" </th <th>Article</th> <th></th>	Article	
Circa.co.Ad Broch Cock ridge Cruzelary, Error. (Name of Corporation as currently filed with the Florida Dept. of State) Image: Arrow of State) (Document Number of Corporation (if known) suant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following endment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: 0.4	Articles	
(Name of Corporation as currently filed with the Florida Dept. of State) <i>Hitter Control of Party Party</i>		
WHYCHOUSDAY N1410000 [0.1944 (Document Number of Corporation (if known) suant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following endment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: Image: Image		
(Document Number of Corporation (if known) suant to the provisions of section 617.1006, Plorida Statutes, this Florida Not For Profit Corporation adopts the following endment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: U/A	E CENC	
suant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following endment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation:	NHACOOCHER NIYOOOC	0 10 194
endment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending the contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." omplay" or "Co." may not be used in the name. Enter new principal office address, if applicable: incloal office address, if applicable: If amending address, if applicable: If amending the registered agent and/or registered office address: If amending the registered agent and/or registered office address: Name of New Registered Agent: If amending the registered Office Address: Name of New Registered Agent: If amending the corporated office Address: Name of New Registered Agent: If amending the corporated office Address: Name of New Registered Agent: If amending the corporated office Address: Name of New Registered Agent: If amending the corporated office Address: Name of New Registered Agent: If a corporated office Address: New Registered Office Address:	(Document Number	er of Corporation (if known)
UA	rsuant to the provisions of section 617,1006, Florida Statute nendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the followin
ne mast be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." ompuny" or "Co." may not be used in the name. Enter new principal office address, if applicable: includ office address <u>MUST BE A STREET ADDRESS</u>) Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) Fater new mailing the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Name of New Registered Agent: (City) (Zip Code)	If amending name, enter the new name of the corporati	ion:
ne mast be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." ompuny" or "Co." may not be used in the name. Enter new principal office address, if applicable: includ office address <u>MUST BE A STREET ADDRESS</u>) Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) Fater new mailing the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Name of New Registered Agent: (City) (Zip Code)	NA	The new
Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS) Finter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or registered office address: Name of New Registered Agent: Name of New Registered Agent: (Florida street address) (Florida street address) New Registered Office Address: New Registered Office Address: New Registered Office Address: (City) (Zip Code)	me must be distinguishable and contain the word "corporation of the state of the st	ation" or "incorporated" or the abbreviation "Corp." or "Inc."
include office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) (Florida street address) (Florida street address) (City) (Zip Code)	<u>compuny" or "Co," may not be used in the name.</u>	
include office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) (Florida street address) (Florida street address) (City) (Zip Code)	Enfer new principal office address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) (Zip Code)	rincipal office address <u>MUST BE A STREET ADDRESS</u>)
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) (Zip Code)		
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) (Zip Code)		
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) (Zip Code)	Enter new mailing address, if applicable:	
hew registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) (Zip Code)	(Mailing address MAY BE A POST_OFFICE BOX)	
hew registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) (Zip Code)		
hew registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) (Zip Code)		
hew registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) (Zip Code)		
Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) (Zip Code)	. If amending the registered agent and/or registered offi	ice address in Florida, enter the name of the
(Florida street address) <u>New Registered Office Address</u> :, Florida, Florida, (City) (Zip Code)	hew registered agent and/or the new registered office a	address:
<u>New Registered Office Address:</u> , Florida, Florida, <i>City) (Zip Code)</i>	Name of New Registered Agent:	
<u>New Registered Office Address:</u> , Florida, Florida, <i>City) (Zip Code)</i>		
(City) (Zip Code)		(Florida street address)
(City) (Zip Code)	<u>New Registered Office Address</u> :	
is the distance if changing Registered Agent:		
ew Registered Agent's Signature, if changing Registered Agent:		(City) (Zip Code)
I am familiar with and accept the obligations of the position.	ew Registered Agent's Signature, if changing Registered	d Agent:
tereby accept the appointment as registered agent. I an juminal with and accept its antigation of the registered	hereby accept the appointment as registered agent. I am fe	familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing		and the second second second

1

If amending or adding additional An attach additional sheets, if necessary)	. (Be specific)	<u>(s) nerc</u> .	

Page 3 of 4

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 = Vicc 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: John Doe X Change PΤ Mike Jones X Remove V. SV Sally Smith X Add Address Title <u>Name</u> Type of Action (Check One) D. #122 'athy 1111J 1) X Change 125. ____ Add 32170 ___ Remove tewart J. Vr ndrew S antee 2) \underline{X} Change Sauch ____ Add 3714 Remove -1 by Ridgement NUC Jones enice (3) X Change Beach, TL ____ Add <u>31174</u> ____ Remove Julanda Lachury Sinke St. 540 4) X Change New Sonspine Bouch FC ____ Add 32618 Remove 5) ____ Change ___ Add Remove 6) ____ Change Add Remove Page 2 of 4

		, if other than the
The date of each a date this document	amendment(s) adoption:	
Effective date <u>if a</u>	pplicable:	
	(no more than 90) days after amendment file date)	
<u>Note:</u> If the date i document's effecti	inserted in this block does not meet the applicable statutory filing requirements, this date will ive date on the Department of State's records.	not be listed as the
Adoption of Ame	ndment(s) (<u>CHECK ONE</u>)	
The amendm was/were suf	ent(s) was/were adopted by the members and the number of votes east for the amendment(s) ficient for approval.	
There are no adopted by t	members or members entitled to vote on the amendment(s). The amendment(s) was/were he board of directors.	
Dat	ed	
Sig	nature (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)	
	$\frac{Crth_{C}}{(\text{Typed or printed name of person signing})}$	
	(Typed of printed indice of genaticity)	
	(Title of person signing)	