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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: NEW FORSOther Memorials
DOCUMENT NUMBER: W 1500000 2825
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
David 6. Mathews 3.
Never Forgothen Memorials
1763 Punta Garda Circle
(Address)
(City/ State and Code)
(City/ State arth Zip Code)
Cemember the tallen a dave matthews ntm. org
For further information concerning this matter, please call: Out 900 Atheus at (Arca Code) (Daylinde Telliption Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed)
IMPORTANT! Street Address
A mendment Section You must scan this alignment page for best print quality:
Division of Corporations STEP 1: Lift the lid. Place this alignment page face down on the right front corner of class cooke re-life Circle
STEP 2: Press OK. Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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 Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am-familiar with and accept the obligations of the position.

Page 1 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 = 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	<u>V</u> <u>Mik</u>	a <u>Doc</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add Remove	<u> </u>	IraBostian	8,3860th St. Cir. E Apt 1005 Sarasata, F134243
2) Change Add	CFO	Thomas Lowrie	1035 Red Danly Pr.
Remove 3) Change Add	P, CEO	David G. Maddlenx	1283 Punta Goods Cir. Wilder Springs F/32708
Remove 4) Change Add Remove		<u></u>	
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Art attach-additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) ado attention and the third document was signed.	ption: 9/28	12017	, if other than	the
Effective date if applicable:	(no more than 90 days a	fter amendment file date)		
Note: If the date inserted in this block locument's effective date on the Department.	k does not meet the applicable	-	nts, this date will not be listed as the	
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ado was/were sufficient for approval.		number of votes cast for th	e amendment(s)	
There are no members or member adopted by the board of director		ndment(s). The amendmen	l(s) was/were	
Dated 9/37	7/2017 · 3 M			
Signature	nan or vice chairman of the bo	end association or other offi	car if disastors	
have not been	nan or vice chairman of the bo n selected, by an incorporator oppointed fiduciary by that fidu	- if in the hands of a receive		
	CTyped or printe	d name of person signing)		
Pres	ident & C	e of person signing)		