N23000005198

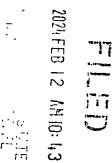
(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400423203134

02/12/24--01021--028 **95.00





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI		& Conservation Cemete	ry, Inc.	
DOCUMENT NUMBER:	N23000005198			
DOCUMENT NUMBER:				
The enclosed Articles of Art	nendment and fee are sub	omitted for filing.		
Please return all correspond	ence concerning this mat	ter to the following:		
Anne Hempel				
		(Name of Contact Person	n)	
		(Firm/ Company)		
3862 Imaginary Road		· · ·		
		(Address)		
Tallahassee, FL 32309				
	_	(City/ State and Zip Cod	c)	
Annehempelrisk@gmail.d	com			
	E-mail address: (to be use	d for future annual report	notification)	
For further information con	cerning this matter, pleas	e call:		
Anne Hempel		(85 at	50) 284-536	.8
	(Name of Contact Person		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	payable to the Florida Dep	artment of S	tate:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifie	ate of Status d Copy onal Copy is
Mailing A	Address	Street	Address	_

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

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

	oi	FI	
(Name of Corporation as currently filed with the Florida I	Dept. of State)		
Hickory Preserve & Conservation Cemetery, Inc.		2024 FEB 12	AH 10: 44
(Document Numb	er of Corporation (if known)	`	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit C</i>	orporation adopts	the following
A. If amending name, enter the new name of the corporat	ion:		
Hickory Preserve, Inc.			The new
name must be distinguishable and contain the word "corporate	tion" or "incorporated" or the a	bbreviation "Corp	." or "Inc."
"Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	3862 Imaginary Road		
(Principal office address MUST BE A STREET ADDRESS	Tallahassee, FL 32309		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3862 Imaginary Road		
	Tallahassee, FL 32309 2 address, if applicable: AAY BE A POST OFFICE BOX Tallahassee, FL 32309 Tallahassee, FL 32309		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		name of the	
Name of New Registered Agent:			
	(Florida street		
New Registered Office Address:	(r iorida sireet	aaa/ess/	
·		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fair	Agent: miliar with and accept the oblige	itions of the positio	PN.
Si	gnature of New Registered Agen	t, 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 De V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>P</u>	Jean Huffman, P as Remove	9507 Mt. Everest Lane Tallahassee, FL 32309
X Remove			
2) Change Add	<u>P</u>	Don Braegger, P as an Add	3850 Imaginary Road Tallahassee, FL 32309
Remove 3) Remove Add X Remove	<u>VP</u>	Kelly McGrath, VP as Remove	11010 Black Creek Lane Tallahassee, FL 32309
4) Change Add	<u>VP</u>	Anne Hempel, VP as an Add	3862 Imaginary Road Tallahassee, FL 32309
Remove			
5) Change Add	<u>s</u>	Kathy Kellogg	Kathy Kellogg 9077 Ravena Road
X Remove			Tallahassee, FL 32309
6) Change X Add	<u>st</u>	Cassie Dillman	4125 Pecan Branch Tallahassee, FL 32309
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
Article I. The name of the	ne Corporation is	s Hickory Preserve, Inc.	
Article II. The principal	place of the bus	iness is: 3862 Imaginary Road, Tallahass	ee, FL 32309 The mailing address
		th this corporation is organized is: The pu	
	<u> </u>		

` ,		
		
		
		
		
		
The date of each amendment(s) adoption:	January 31, 2024	, if other than the
date this document was signed.		
January 31,	2024	
Fifective date if applicable:		
(ne	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be tof State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

D	February 4, 2024
D	
S	ignature une Hempe
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Anne Hempel
	(Typed or printed name of person signing)