P0000082958

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

Office Use Only

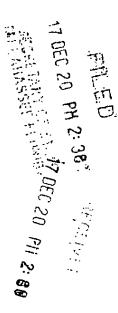


300306802403

12/20/17--01016--008 **35.00

S. TALLENT DEC 20 2017

NIC



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	VETERANS CRE	MATION & BURIAL SO	CIETY, INC.	
DOCUMENT NUMB	9202000000			
The enclosed Articles	of Amendment and fee are so	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Wendy Russell Wiener, Esq.			
	Broad and Cassel LLP	Name of Contact Perso	n	
	215 S. Monroe Street, Suite	Firm/ Company 400		
	T. H. b	Address		
	Tallahassee, F1. 32301	City/ State and Zip Cod	e	
	E-mail address: (to be us concerning this matter, please	sed for future annual report	notification)	
Wendy Russell Wiener		at (<u>\$50</u>	681-6810	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐\$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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

VETERANS CREMATION & BORIAE SOCIETY, INC.	
(Name of Corporation as current)	v filed with the Florida Dept. of State)
P00000082958	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
VETERANS FUNERAL CARE IP, INC.	- The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
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)	20 PH 2: 38
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	rei address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I horeby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
Signature of New Ro	egistered 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	PT	John Doc	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			· -
Remove			- ·
3) Change			
Add			
Kemove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		•	

If amending or adding additional (Attach additional sheets, if necessar	y). (Be specific,)			
					· · · · · · · · · · · · · · · · · · ·
					
÷ +÷				·	
					
· ·				- 7	
					 -
f an amendment provides for an e provisions for implementing the a	xchange, reclassi	fication, or cane	ellation of issued	shares,	
(if not applicable, indicate N/A)	contained in the	amendment rise	<u>:11</u>	
		<u> </u>			
					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	<u> </u>
(no more than 90 days after amenament fue date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
December 18, 2017 Dated Signature (By a director, president or other officer – if director or officers have not been selected, by an incorporator – if in the hands of a receiver, trusted, or other court appointed fiduciary by that fiduciary) // JAMES RUDOLPH, JR. (Typed or printed name of person signing) Director/President	
(Title of person signing)	