## P00000109453

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)	:	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of States	atus	
Special Instructions to Filling Officer:  Pur Spry Wullams  Dulte Shrue toothman  ab Secretary  ya		

Office Use Only

Amend 10, 8.30, Du



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06 AUG 29 PM 1: 34

SECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COI	RPORATION:ICS_CR	REMATORY CORPORATION	
DOCUMENT N	NUMBER:P0000010945	53	
The enclosed Ar	ticles of Amendment and fee	are submitted for filing.	,
Please return all	correspondence concerning th	nis matter to the following:	
	SHERRY WILLIAMS		
	(Name	of Contact Person)	
	, ICS CREMATORY CO	RPORATION	
	(F	irm/ Company)	
•	357 NW WIIKS LAN	E, STE A	
<u></u>	TAKE OTOM 177 2	(Address)	
	LAKE CITY, FL 3	32055	
	(City/S	State and Zip Code)	•
For further infor	mation concerning this matter	•	
SHERRY WII		/	-9292
' (Na	ame of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a che	eck for the following amount:		
□\$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)
Division P.O. Box	ent Section of Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2006

SHERRY WILLIAMS ICS CREMATORY CORPORATION 357 NW WILKS LANE - SUITE A LAKE CITY, FL 32055

SUBJECT: ICS CREMATORY CORPORATION

Ref. Number: P00000109453

We have received your document for ICS CREMATORY CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6964.

Irene Albritton Document Specialist

Letter Number: 706A00051377

RECEIVED
06 AUG 29 AM 8: 00
11, 1510N OF CORPORATIONS

## **Articles of Amendment** to Articles of Incorporation of

٠					<i>0</i> <sub>0</sub>
·	Art	icles of Amendi	ment		0
		to			
	Artic	cles of Incorpor	ation		
		of			
	ICS CREMATORY CO	ORPORATION			
(1)	Name of corporation as	currently filed with	the Florida Dept. o	of State)	
	P00000109453				
	(Document r	number of corporati	on (if known)		-
Pursuant to the provision adopts the following an		,	,	da Profit Corp	ooration
NEW CORPORATE	NAME (if changing	<u>g):</u>			
(Must contain the word "cor (A professional corporation					
AMENDMENTS ADO and/or Article Title(s) b				icate Article N	Number(s)
Delete: {	Jenig amenaea, aaak	_	retary - Shi	irlev A To	othman
Delete::	<u> </u>	· · · · · ·	Terary on	illey A. To	
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	(Attach a	additional pages if r	necessary)		
If an amendment provide for implementing the au					
·····					
1					

(continued)

The date of each amendment	t(s) adoption: August 27/982006
Effective date if applicable:	
<del></del> -	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
	was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The trust be separately provided for each voting group entitled to vote mendment(s):
"The number of	f votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	was/were adopted by the board of directors without shareholder action tion was not required.
The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.
selec	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Sherry A. Williams
	(Typed or printed name of person signing)
	President
	(Title of parson signing)

**FILING FEE: \$35**