P01000081481

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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DIVISION OF CORPORATIONS
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COVER LETTER

To: Amen Divisi	dment Section on of Corporations		
SUBJECT: C	Casket World Inc. (Name of Corpor	ration)	
DOCUMENT	NUMBER:		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
	Donna Scarborough (Name of Contact	Person)	
Clark & Co., C.P.A. Inc (Firm/Company)			
8318 Durelee Lane (Address)			
Douglasville, Ga 30135 (City/State and Zip Code)			
For further info	ormation concerning this matter, please call:		
Donna Scar	borough at ((Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of State.			
	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

CR2E045 (8/05)



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 3, 2005

DONNA SCARBOROUGH CLARK & CO., C.P.A. INC 8318 DURELEE LANE DOUGLASVILLE, GA 30135

SUBJECT: CASKET WORLD INC Ref. Number: P01000081481

We have received your document for CASKET WORLD INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The designation of the registered agent must be at a Florida street address.

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) 245-6909.

Velma Shepard Document Specialist

Letter Number: 005A00066064



" 'STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
in order to change its registered office or registered agent, or both, in the state of riorida.
1. The name of the corporation: Casket World Inc.
2. The principal office address: 1130 West line Mile Kd Se 406
12nsacola Fl. 32534
3. The mailing address (if different): 32 Well Browns Winding =
3. The mailing address (if different): 32 West Drowns United Servinds Al 36574
4. Date of incorporation/qualification: 8/15/01 Document number: Po 10008148
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
Florida Department of State: Charles L. Ensloy.
1130 W. Mine Will 12d. 3to 406 3
tersacola 31. 32534
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
MRDMMICASUL IVI
1130 W. Thine Mile Red Stc. 406
(P.O. Box NOT acceptable)
TENSHWUA 31, 22334
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Charles L Charles L Easley
(Signature of an officer or director) (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance
I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
corporation has been notified in writing of this change.
(Signature of Registered Agent) (Dotober 13, 2005) (Signature of Registered Agent)
(Magnature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)