

P03000033859

(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:

Back dated Money was lost
We had to find it

Office Use Only



400291355694

400291355694
10/26/16--01025--017 **35.00

FILED
2016 OCT 26 PM 3:42
SECRETARY OF STATE
ALABAMA DEPT. OF REVENUE

10/31/2016



October 19, 2016

Amendment Section

De/ Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Anderson Funeral Home, Inc., Document Number P16000011824
Anderson Funeral Home, Inc., Document Number P03000033859

Dear Sir/Madam:

I am attaching the articles for voluntary dissolution for Anderson Funeral Home, Inc., Document Number P16000011824, along with all applicable filing fees: \$35.00. This entity was recently incorporated on

As president of Anderson Funeral Home, Inc., I have no intentions to use this name or corporation in the future and am wishing to relinquish the name and all rights to the name.

It was later realized, rather than incorporating the business with the same name, I should have reinstated the old business of:

Anderson Funeral Home, Inc., Document Number – P03000033859
old business

Enclosed is the check for \$1,050.00 to reinstate the old business and \$35.00 to amend the officers on the old business.

Please process all applications enclosed accordingly.

Sincerely yours,

A handwritten signature in cursive script that reads "Myra Anderson".

Myra Anderson
President
813-969-1641

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ANDERSON FUNERAL HOME, INC

DOCUMENT NUMBER: P0300003389

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MYRA ANDERSON

Name of Contact Person

ANDERSON FUNERAL HOME, INC

Firm/ Company

16712 FOOTHILL DRIVE

Address

TAMPA, FLORIDA 33624

City/ State and Zip Code

HOWARDMCKNIGHT@HOWARDMCKNIGHTCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MYRA ANDERSON

Name of Contact Person

at (813) 969-1641

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 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

ANDERSON FUNERAL HOME, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P03000033859

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

16712 FOOTHILL DRIVE

TAMPA, FLORIDA 33624

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

16712 FOOTHILL DRIVE

TAMPA, FLORIDA 33624

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 New Registered Agent MYRA ANDERSON
16712 FOOTHILL DRIVE

(Florida street address)

New Registered Office Address: TAMPA, Florida 33624
(City) (Zip Code)

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.


Signature of New Registered 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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>RAYMOND ANDERSON</u>	<u>5117 N 22ND STREET</u>
<input type="checkbox"/> Add			<u>TAMPA, FLORIDA 33610</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>MYRA ANDERSON</u>	<u>16712 FOOTHILL DRIVE</u>
<input checked="" type="checkbox"/> Add			<u>TAMPA, FLORIDA 33624</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>T</u>	<u>KIMBERLY ANDERSON</u>	<u>16712 FOOTHILL DRIVE</u>
<input checked="" type="checkbox"/> Add			<u>TAMPA, FLORIDA 33624</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

OCTOBER 18, 2016

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

OCTOBER 18, 2016

Dated _____

Signature Myra Anderson

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MYRA ANDERSON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)