

PD4000112196

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FILED
05 AUG 31 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

A FAMILY FUNERAL AND CREMATION CENTER, INC.

RECEIVED
05 AUG 31 AM 8:00
DIVISION OF CORPORATIONS

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RM
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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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : A FAMILY FUNERAL & CREMATION CENTER, INC.

2. The mailing address of the corporation : 1900 WEST COMMERCIAL BOULEVARD
FORT LAUDERDALE, FLORIDA 33309

3. Date of incorporation/qualification: 7/30/2004 Document number: ES4000712196

4. The name and address of the current registered agent and office:

MISTY THOMAS

1900 WEST COMMERCIAL BOULEVARD

FORT LAUDERDALE, FLORIDA 33309

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

JOSEPH S. PINK

1900 WEST COMMERCIAL BOULEVARD

FORT LAUDERDALE, FLORIDA 33309

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

8/30/05
(Date)

MISTY THOMAS

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in that capacity. 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.

[Signature]
(Signature of Registered Agent)

8/30/05
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

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