P04000121878

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: CHAPLES & STACIE SEGAL, INC. DOCUMENT NUMBER: P04000 121878 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHARLES D. SEGAL

Name of Contact Person SEGAL FUNERAL HOME
Firm/Company 3909 HENDERSON BLUD. TAMPA FL 33629 CDSEGAL @ VETCIZ-ON. NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (813) 310-8959

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 & ☐ \$43.75 Filing Fee & ■ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

of . ·	
CHAPLES AND STACLE SEGA	
(Name of Corporation as currently filed with t	he Florida Dept. of State)
P 040001 a	21878
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>
BAY AREA FAMILY FUNERAL SERV name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association of the word "corp."	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	3909 HENDERSON BLVD. TAMPA, FL 33629
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3909 HENDERSON BLVD. TAMPA:, FL 33629
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Florida street address)

, Florida

(Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	STACIE SEGAL	8636 MANASSAS RI TAMPA, FL 33635	Add Remove
5 <u>ec /T</u> RES	PATTI SPENCE	6 BLUFF VIEW DR RELLEAIR, R. 33750	Add Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
<u>provisions</u>	ndment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)		

The date of each amendment(s) adoption: $\frac{9/7/10}{}$			
Effective date if applicable:	no more than 90 days after amendment file date)		
Effective date in applicable.	no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.		
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):		
"The number of votes ca	st for the amendment(s) was/were sufficient for approval		
by	,,,		
(1	voting group)		
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder		
Dated	9/10/10		
Signature			
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)		
	(Typed or printed name of person signing)		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		