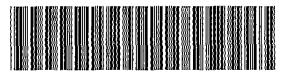
## P0S000/0S358

(Requestor's Name)						
(Address)						
(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:						

Office Use Only



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## **COVER LETTER**

TO:	O: Amendment Section Division of Corporations											
SUBJE	ECT:	Singleton	Funeral	Home,	Inc.							
(Name of Corporation)												
DOCU	MENT N	UMBER:	P050001	05358	<u> </u>							
The en	closed Sta	tement of Cha	nge of Regi	stered Of	ffice/Agent ar	nd fee are submitted for filing.						
Please	return all	correspondenc	e concernin	g this ma	itter to the fol	lowing:						
			Tabbi	e Sing.	Leton Contact Perso	n)						
			(	ivanic or	Commen i Cis	only						
			Singl	eton Fi	uneral Hor	ne, Inc.						
				(Firm	/Company)							
			3822	East 7	th Avenue							
				(/	(ddress)							
			Tampa	, Flor:	ida 3360	<u> </u>						
Tampa, Florida 33605 (City/State and Zip Code)												
For fu	ther infor	mation concern	ning this ma	atter, plea	ise call:							
	Tabbie	Singleton			at (	313 <sub>)</sub> 870-6922						
	(1	Name of Conta	act Person)		(A:	870-6922 rea Code & Daytime Telephone Number						
Enclos	sed is a \$3.	5.00 check ma	de payable	to the De	partment of S	State.						
		Mailir	ı <u>g Address:</u>			Street Address: Amendment Section						
		Amen	idment Sec	tion								
			ion of Corp Box 6327	porations	<b>5</b>	Division of Corporations Clifton Building						
			nassee, FL	32314		2661 Executive Center Circle						
Tallahassee, FL 32301												

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chang	rovisions of section ge is submitted for to change its regis	r a corporation or	ganized un	der the laws oj	the State of $\underline{\mathbb{F}}$	lorida							
					_	,, iau.							
The name of the corporation: Singleton Funeral Home, Inc.  The principal office address: 3822 East 7th Avenue, Tampa, Florida 33605													
3. The mailing ad	dress (if different)	×											
4. Date of incorpo	oration/qualification	on: 7-28-0	<u>5</u>	ocument num	ber:P0500	0105358	}						
5. The name and s Florida Departr	street address of the ment of State:	ne current registere	ed agent an	d registered of	fice on file with	the							
<del>-</del>	Hills	-McCarter, G	ail	·		. –	_	-					
<u>-</u>	3822	East 7th Ave	nue					,					
_	Tampa	, FL 33605			<u> </u>	, ₹°	0						
6. The name and a	street address of tl	ne new registered	agent (if ch	anged) and /or	registered offic	LLAHA!	05 NOV 15	T					
-	Sing	leton, Tabbi				33SE							
,	3822	East 7th Av	renue	·		FL(	<b>₩</b> 5:						
	Tam	(P.O. Box NOT accepts)  a, Florida	33605			FAIR DRIE	53						
- The street address	ss of its registered			es of the busin	ess office of its	. D s registere:	d agent	ŧ					
as changed will b	be identical.							••					
authorized by the	s authorized by re e board, or the co	rporation duly add rporation has bee	n notified	in writing of t	he change.	officer so							
abbe	re of an officer or duect	too_	Ta	ibbie Sing (Printed	leton, Pres	sident_							
I hereby accept to I further agree to of my duties, and document is bein corporation has	the appointment of o comply with the d I am familiar wing filed merely to been notified in v	is registered age provisions of all ith and accept the reflect a change writing of this cha	nt and agre statutes re obligation in the regi unge.	re to act in this lative to the p n of my position stered office a	s capacity. Proper and com In as registered ddress, I hereb	plete perf dagent. C y confirm	ormane Or, if th that th	ce is e					
Jall	nature of Registered Ag	ent)		November	3, 2005	<del></del>		-					
` •	half of an entity:	·/			-								
	n Funeral Hor yped or Printed Name)	ne, Inc.					•						

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

\* \* \* FILING FEE: \$35.00 \* \* \*