| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | , |
| (Cit | y/State/Zip/Phone | ÷#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | : |
| | | ! |
| <u> </u> | | |

Office Use Only



600250223636

08/01/13--01013--034 **43.75

AUG - 5 2013

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: ValMark Me | emorial Group, I | nc. | |
|-------------------------|---------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| DOCUMENT NUM | BER: P0800000045 | 2 | ·s · · · · · | |
| | of Amendment and fee are su | | • | |
| Please return all corre | spondence concerning this mat | ter to the following: | | |
| | Mark Davis | | | |
| | | Name of Contact Persor | 1 | |
| | ValMark Memoria | | • | |
| | Valiviark ivierioria | | | |
| | 0540 10 11 | Firm/ Company | | |
| | 954 Sand Castle | Ra. | | |
| | | Address | | |
| | Sanibel, FI 33957 | • | | |
| | | City/ State and Zip Code | ٠ | |
| | 10 1 1 | | | |
| <u>ma</u> | irk@valmarkmemo | • | | |
| | E-mail address: (to be us | ed for future annual report | notification) | |
| | | | | |
| For further information | on concerning this matter, pleas | se call: | | |
| Mark Davis | | 239 | 472-3877 | |
| | of Contact Person | at (at (| | |
| Name | of Confact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check to | or the following amount made | payable to the Florida Depa | artment 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) | |
| Ma | iling Address | Street | Address | |
| Am | endment Section | Amendment Section | | |
| | ision of Corporations | Division of Corporations | | |
| | D. Box 6327 | | Building | |
| t at | lahassee, FL 32314 | | Executive Center Circle assec, FL 32301 | |

Articles of Amendment Articles of Incorporation

| 13 AUG - PM 2 | |
|-------------------|----|
| 13 AUG - PH 3: DI | |
| PH 3: 01 | ٠. |

Valmark Memorial Group Inc

(Name of Corporation as currently filed with the Florida Dept. of State) P08000000452

| (Document Number of | f Corporation (if kno | wn) | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------|------------------------------------------------------------|
| Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation: | a Statutes, this <i>Flori</i> | da Profit Corporation ado | ots the following amendmen |
| A. If amending name, enter the new name of the co | orporation: | | |
| name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corpword" chartered," "professional association," or the | o," "Inc," or "Co". | A professional corporati | The new sted" or the abbreviation on name must contain the |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | | | ···· |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered | ered office address i l office address: | n Florida, enter the name | of the |
| Name of New Registered Agent | | | |
| | (Florida street a | ddress) | |
| New Registered Office Address: | (City) | , Florida_ | (Zip Code) |
| New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent. | gistered Agent: I am familiar with | and accept the obligations | of the position. |
| Signatura of A | low Registered Agen | t 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: X Change | <u>PT</u> | John Doe | |
|----------------------------|--------------------------|---------------|---------------------|
| X Remove | $\underline{\mathbf{v}}$ | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | • |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | V | Jordan Cuevas | 954 Sand Castle Rd. |
| X | <u></u> | | Sanibel, FL 33957 |
| Remove | | | |
| 2) Change | V | Justin Davis | 954 Sand Castle |
| X Add | - | | Sanibel, FL 33957 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | * |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| | | | • |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | _ | · |
| Add | | | |
| | | | γ, |

| | e). (Be specific) | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------|--|
| | | . - | |
| | | | |
| | | | |
| | | * | |
| | | · | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | • | |
| | | | |
| A STATE OF THE STA | | | |
| | | · | |
| | | | |
| | | | |
| | | * | |
| | | | |
| • | | | |
| <u>'</u> | | | |
| If an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A | mendment if not contained | cancellation of issued shares, in the amendment itself: | |
| provisions for implementing the a | mendment if not contained | cancellation of issued shares, in the amendment itself: | |
| provisions for implementing the a | mendment if not contained | cancellation of issued shares, in the amendment itself: | |
| provisions for implementing the a | mendment if not contained | cancellation of issued shares, in the amendment itself: | |
| provisions for implementing the a | mendment if not contained | cancellation of issued shares, in the amendment itself: | |
| If an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A | mendment if not contained | cancellation of issued shares, in the amendment itself: | |
| provisions for implementing the a | mendment if not contained | cancellation of issued shares, in the amendment itself: | |

| The date of each amendment(s) adoption: | _, if other than the |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Effective date if applicable: | _ |
| (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east 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. | |
| July 29, 2013, | |
| 11/19/ | |
| Signature (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) | _ |
| Mark E. Davis | |
| (Typed or printed name of person signing) | _ |
| President | |
| (Title of person signing) | |