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To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : M. FAEHNER, ESQ. LLC Account Number : I20170000081 Phone : (727)443-5190 Fax Number : (727)474-9949 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:__ COR AMND/RESTATE/CORRECT OR O/D RESIGN PET CEMETERY AND CREMATION SERVICES OF FLORIDA, INC. Certificate of Status 0

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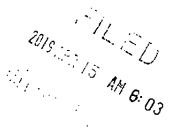
COVER LETTER

TO: Amendment Section Division of Corporations PET CEMETERY AND CREMATION SERVICES OF FLORIDA, INC. NAME OF CORPORATION: P08000101448 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL J. FAEHNER, ESQ. Name of Contact Person M. FAEHNER, ESQ. LLC Firm/ Company 600 BYPASS DRIVE, SUITE 100 Address CLEARWATER, FL 33764 City/ State and Zip Code filings@mfaehner.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHAEL J. FAEHNER, ESQ. Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 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 Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle Tallahassee, FL 32301

Tailahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



PET CEMETERY AND CREMATION SERVICES OF FLORIDA, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P08000101448 (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: _, Florida_ (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:

X Change	<u>PT</u> <u>Joh</u>	n Doc	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	SV Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PS	FOSTER, RANDY R.	8824 New Alexandria Loop
Add			New Port Richey, Fl 34654
Remove			
2) Change	<u>s</u>	FOSTER, HELENA .	14614 AUBREY AVE
X Add			SPRING HILL, FL 34610
Remove			
3) Change	P	FOSTER, KEVIN R.	14614 AUBREY AVE
X Add			SPRING HILL, FL 34610
Remove			
4) Change	·····		
Add			
Remove			
5) Change	·		
Add			
Remove			
6) Change			
Add		_ 	
Remove			

	(Be specific)
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f an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	nnge, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s) adoption:
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 and shareholder action was not required.
Dated April 12, 2019
Signature / OVI /
(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, trutee, or other court appointed fiduciary by that fiduciary)
RANDY R. FOSTER
(Typed or printed name of person signing)
PERSONAL REPRESENTATIVE OF ESTATE OFDORTHY FOSTER
(Title of person signing)