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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : M. FAEHNER, ESQ. LLC

Account Number : I20170000081 : (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.

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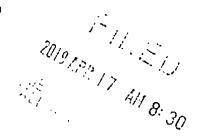
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PET CEMETERY	AND CREMATION SER	VICES OF FLORIDA, INC.
DOCUMENT NUMBER: P08000101448		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Michael J. Faehner, es	SQ.	
	Name of Contact Person	n
M. FAEHNER, ESQ. LLC		
	Firm/ Company	
600 BYPASS DRIVE, SUIT	E 100	
	Address	
CLEARWATER, FL 33764		
	City/ State and Zip Cod	e
filings@mfaehner.com		
	sed for future annual report	notification)
(0.000_	The second secon	nomicalion)
For further information concerning this matter, pleas	se call;	
MICHAEL J. FAEHNER, ESQ.	at (443-5190
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address iment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of



PET CEMETERY AND CREMATION SERVICES OF FLORIDA, INC.

Crame of Corporation as curre-	ntly filed with the Florida Dept. of State)
P08000101448	bity fred with the Fiotian Dept. of State
· · · · · · · · · · · · · · · · · · ·	r of Corporation (if known)
(Document Famous	Tor Corporation (II Known)
tursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	•
	The new
ame must be distinguishable and contain the word "corporal Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or vord "chartered," "professional association," or the abbreviation	r "Co". A professional corporation nume must contain the
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)	
If amending the registered agent and/or registered office ac	ddress in Florida, enter the name of the
new registered agent and/or the new registered office address	
W. AV. D. C. 14	
Name of New Registered Agent	
Name of New Registered Agent	
	street address)
	street address)

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 Doc 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	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	VP	FOSTER, HELENA	14614 AUBREY AVE
X Add			SPRING HILL, FL 34610
Remove			
2) Change			
Add			<u> </u>
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			•
Remove			

Attach <i>addit</i>	or adding additional Art tional sheets, if necessary).	(Be specific)	·		
				<u></u>	
					
					
				, <u>, , , , , , , , , , , , , , , , , , </u>	
f an amend	ment provides for an excl	nange, reclassific	ation or cancellat	ion of issued chares	
provisions :	for implementing the ame applicable, indicate N/A)	ndment if not co	ntained in the ome	endment itself:	•
		<u> </u>			 .
		··- ···	_		

The date of each amendment(s) adoption: date this document was signed.	if other than the
Effective date tf applicable:	
(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the aby the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendates.	wing statement nent(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 an action was not required.	d shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	rchoider
Dated April [7, 2019	
Signature	
(By a director, president or other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee, c appointed fiduciary by that fiduciary)	ve not been or other court
RANDY R. FOSTER	
(Typed or printed name of person signing)	
PERSONAL REPRESENTATIVE OF ESTATE OFDORT	HY FOSTER
(Title of person signing)	