

P08 000 101448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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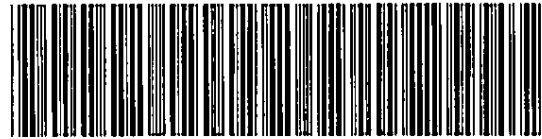
(Business Entity Name)

(Document Number)

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2020 JUN 10 AM 6:44

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JUN 29 2020

S. YOUNG

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PET CEMETARY AND CREMATION SERVICES OF FLORIDA, INC.  
Name of Corporation

DOCUMENT NUMBER: P08000101448

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin FOSTER

Name of Contact Person

PET CEMETARY AND CREMATION SERVICES OF FLORIDA

Firm/Company

6505 85TH AVE

Address

PINELLAS PARK, FL 33781

City/State and Zip Code

KFOSTER35@TAMPABAY.RR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin FOSTER

Name of Contact Person

at ( 727 )

992-8495

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PET CEMETARY AND CREMATION SERVICES OF FLORIDA, INC.
2. The principal office address: 6505 85TH AVE  
PINELLAS PARK, FL 33781
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/13/2008 Document number: P08000101448
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

M. FAEHNER, ESQ. LLC

500 BYPASS DRIVE, SUITE 100

CLEARWATER, FL 33764

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kevin FOSTER

6505 85TH AVE

P.O. Box NOT acceptable

PINELLAS PARK, FL 33781

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Helena Foster  
Signature of an officer or director

HELENA FOSTER, SECRETARY

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Kevin B. Foster  
Signature of Registered Agent

06/05/2020

Date

If signing on behalf of an entity:

Kevin B. Foster  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

FILED  
2020 JUN 10 AM 6:44  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA