P10000076443

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PEAVY FUNERA	L HOME INC				
	BER: P10000076943					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	CHARLIE M PEAVY					
		Name of Contact Person	1			
	PEAVY FUNERAL HOME INC					
		Firm/ Company				
	20367 NW EVANS AVENU	ΙE				
	Address					
	BLOUNTSTOWN, FL 32424					
	City/ State and Zip Code					
	peavyfuneralhome@gmail.co	oni				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:				
Charlie M. Peavy		at (850	674-2266			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

FILED 2024 DEC 10 AM 8: 19

PEAVY FUNERAL HOME INC

PEAVY FUNERAL HOME INC	Line who was the first of the same
(Name of Corporation as curren	itly filed with the Florida Dept. 67 State ASSEE, FLORIDA
P10000076943	LOMIDA
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
C. Fatarana and Baran Maran Maran Parkha	
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 ad-	
new registered agent and/or the new registered office address	<u>ss:</u>
Name of New Registered Agent	
(Florida s	street address)
(1.10/1111.1)	
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature of New	Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<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	T,S,D	DEBRA F PEAVY	20367 NW EVANS AVENUE
Add			BLOUNTSTOWN, FL 32424
X Remove			
2) Change	VP,D	MARLON T PEAVY	20367 NW EVANS AVENUE
XAdd			BLOUNTSTOWN, FL 32424
Remove 3) Change	<u>s</u>	ELIZABETH N PEAVY	20367 NW EVANS AVENUE
X Add			BLOUNTSTOWN, FL 32424
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damaua			

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f an amendment provides for an exchaprovisions for implementing the amer	inge, reciassificat dment if not cont	ion, or cancellat tained in the am	<u>ion of issued snar</u> endment itself:	es,	
(if not applicable, indicate N/A)	<u> </u>				
	<u> </u>				_
		<u>-</u>			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ 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	20
by	72
by	F11-1
Dated 12-2-2024	10 M
Dated 12-2-2024 Signature Chalie M. Pear	M 8: 10
(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)	
CHARLIE M PEAVY	
(Typed or printed name of person signing)	
PRESIDENT, DIRECTOR	
(Title of person signing)	