

Division of Corporations

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : JOHN M WICKER PA
Account Number : 120070000104
Phone : (239) 939-2222
Fax Number : (239) 939-2280

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
FUNERAL HOME SERVICES INC**

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09/21/2011 11:08 239-939-2280

COSTELLO ROYSTON&WIC

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850-617-6381

09/21/2011 9:51:34 AM PAGE 1/001 Fax Server



September 21, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FUNERAL HOME SERVICES INC
4419 LOBLOLLY BAY ROAD
LABELLE, FL 33935

SUBJECT: FUNERAL HOME SERVICES INC
REF: P11000051979

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You must include the middle page of the amendment form in your submitted filing even though it would be blank, it has to be part of the filing. I apologize for not seeing this yesterday but I see now that the date of adoption was not included on page three. Please correct and resend.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

FAX Aud. #: H11000228581
Letter Number: 911A00021685

09/21/2011 11:08 239-939-2280

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Articles of Amendment
to
Articles of Incorporation
of

FUNERAL HOME SERVICES INC

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

P11000051979

(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:

The new 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**)

4180 Buckingham Rd.

Fort Myers, FL 33905

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

4180 Buckingham Rd.

Fort Myers, FL 33905

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:

David F. Smith

New Registered Office Address:

4180 Buckingham Rd.

(Florida street address)

Fort Myers

(City)

Florida 33905

(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.

David F. Smith

Signature of New Registered Agent, if changing

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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	David F. Smith	4180 Buckingham Rd. Fort Myers, FL 33905	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
S,T	David F. Smith	4180 Buckingham Rd. Fort Myers, FL 33905	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: SEPTEMBER 16, 2011
(date of adoption is required)

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 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 was not required.

Dated 9-16-11

Signature David F. Smith
(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)

David F. Smith
(Typed or printed name of person signing)

Vice President
(Title of person signing)

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