P17000053615

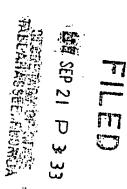
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HARF	RISON MYLES FUNERAL SERV	ZICES, INC	
DOCUMENT NUMBER: P17000053	3615		
The enclosed Articles of Amendment a			
Please return all correspondence concer	rning this matter to the following:		
VERNA DUPO	NT		
	Name of Contact Person		
HARRISON MYLES FUNERAL SERVICES, INC			
	Firm/ Compar	nv	
3344 MEADOW	3344 MEADOWBROOK WAY		
	Address		
DAVIE, FL			
	City/ State and Zip	Code	
M.K.DUPONT1@GM	IAIL.COM		
•	ress: (to be used for future annual r	eport notification)	
		•	
For further information concerning this	matter, please call:		
MICHAEL DUPONT	.954	770-4361	
Name of Contact Persor		2770-4361 ca Code & Daytime Telephone Number	
Name of Contact I Cisor	ı Aid	La Code & Daynine Pelephone Number	
Enclosed is a check for the following as	mount made payable to the Florida	Department of State:	
■ \$35 Filing Fee □\$43.75 Fi Certificate	iling Fee & S43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certificate of Status	
Mailing Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	ions D C 4 26	treet Address mendment Section vivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301	



August 21, 2017

VERNA DUPONT 3344 MEADOWBROOK WAY DAVIE, FL

SUBJECT: HARRISON MYLES FUNERAL SERVICES INC

Ref. Number: P17000053615

We have received your document for HARRISON MYLES FUNERAL SERVICES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 817A00017008



Articles of Amendment to Articles of Incorporation of

TARRIGONA OF DO PUBLICA AT OFFICE		, , , , , , , , , , , , , , , , , , ,
HARRISON MYLES FUNERAL SERV	· · · · · · · · · · · · · · · · · · ·	
	of Corporation as curren	tly filed with the Florida Dept, of State)
P17000053615		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new:
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address,	if applicable:	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appli	icahla:	
(Mailing address MAY BE A POST		N/A
D. If amending the registered agent ar	nd/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	N/A	
Name of New Registered Agent		The second of th
	(Fl)	<u> </u>
•		street address)
New Registered Office Address:	N/A	
		(City) OZip Code
New Registered Agent's Signature, if c	hanging Registered Ages	U Property of the contract of
		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	PT John Doe		
X Remove	V Mike Jones		
X Add	SV Sally Smith		,
Type of Action (Check One)	<u>Title</u> Nam	<u>ae</u>	<u>Addres</u> s
1) Change	D KAY	YLA BELL	6900 SW 39 STREET #303
Add	THEY HAVE	E ("HOSEIN NOOT DIRECTOR	DAVIE, FL 33314
X Remove	TO BE A	DIRECTOR	
2) Change	***************************************		
Add			
Remove			
3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
<u> </u>		
•		
change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:		
- 		
·		
•		

The date of each amendment(s	N/A adoption:	, if other than the
date this document was signed.	, m m m m m m m m m m	
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmer e sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareho	lder
action was not required.	adopted by the incorporators without shareholder action and shareholder	
8/11/17 Dated Signature	Mule Syl	
(Ву	a director, president or other officer - if directors or officers have not bee	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other coointed fiduciary by that fiduciary)	ourt
	MICHAEL DUPONT	
	(Typed or printed name of person signing)	
	DIRECTOR	•
	(Title of person signing)	