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	To:				
		Division of Co	porations		
			: (850)617-6380		
	From:				
	~ '	Account Name	: REGISTERED AGENTS INC.	. ~	
	53	Account Number	: I20090000081		
•		Phone	: (307)200-2803	2022 JUL SEGNET	F18317 S
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REGISTERED AGENT CHANGE THE UNDERTAKER TOMB STONE MAINTENANCE INC.

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Corporate Filing Menu

Help

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

statement of cha	provisions of sections 607.0502, 617.0502, inge is submitted for a corporation organiz er to change its registered office or registere	ed under the laws of the State of Fl	lorida	
1. The name of	the corporation: THE UNDERTAKER	-	NCE INC.	
2. The principal	office address.			
	address (if different):			
4. Date of incor	poration/qualification: 07/19/21	Document number: P210000	065754	····
	d street address of the current registered age rtment of State: (If resigned, enter resigned)		h the	
	UNITED STATES CORPORA	ATION AGENTS, INC.		
	5575 S. SEMORAN BLVD. 3	6		
	ORLANDO, FL 32822		50 r	~
6. The name and (if changed):	ECRETA	2022 1111 25		
	Registered Agents Inc.		77 OF 47 OF	35. A
	7901 4th St N STE 300			
	P.O. Box N St. Petersburg FL 33702	NOT acceptable	Y OF STATE))
The street address changed will	ess of its registered office and the street ac be identical.	ldress of the business office of its	registered a	agent,
Such change wa authorized by the	as authorized by resolution duly adopted be board, or the corporation has been notified.	by its board of directors or by an officed in writing of the change.	officer so	
Ronal	re of an officer or director	Ronald Jones - Preside		
I hereby accept I further agree of my duties, an document is bel corporation ha	the appointment as registered agent and to comply with the provisions of all statuted I am familiar with and accept the obliging filed merely to reflect a change in the steen notified in writing of this change.	agree to act in this capacity. es relative to the proper and comp ation of my position as registered registered office address, I hereby	olete perfort agent. Or, v confirm th	mance if this at the
But Hame		07/25/2022		
	nature of Registered Agent	Date		
	chalf of an entity:			
Bill Havre	yped or Printed Name			
ľ	* * * 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)