

P92000007438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2015 NOV -4 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOV 05 2014
C. CARROTHERS

LAW OFFICE OF
GARY B. LEUCHTMAN, PLLC

921 NORTH PALAFOX STREET • PENSACOLA, FL 32501 • 850-316-8179 • GBL@LEUCHTMANLAW.COM

November 2, 2015

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

Re: Joe Morris & Son Funeral Home, Inc.

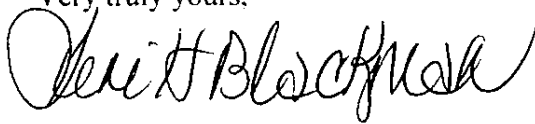
To whom it may concern:

Enclosed herewith please the following:

1. Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Corporations for Joe Morris & Son Funeral Home, Inc. along with our check in the amount of \$35.00 for costs of said amendment.
2. Transmittal Letter and Officer/Director Resignation for a Corporation along with our check in the amount of \$35.00 for costs of said resignation.

If you have any questions concerning this matter, please feel free to contact me.

Very truly yours,



Teri H. Blackman
Legal Assistant
For the Firm

/thb
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Joe Morris & Son Funeral Home, Inc.
Name of Corporation

DOCUMENT NUMBER: P92000007438

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:

Alfred J. Lojo, Esq

Name of Contact Person

Law Office of Gary B. Leuchtman, PLLC

Firm/Company

921 N Palafox St

Address

Pensacola, FL 32501

City/State and Zip Code

ajl@leuchtmanlaw.com

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

For further information concerning this matter, please call:

Alfred J. Lojo

Name of Contact Person

at (850) 316-8179

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Joe Morris & Son Funeral Home, Inc.
2. The principal office address: 701 N Devilliers St, Pensacola, FL 32501

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/23/1992 Document number: P92000007438

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)

Gladys J. Morris (RESIGNED)

701 N. DEVILLIERS STREET

PENSACOLA, FL 32501

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

Alfred J. Lojo

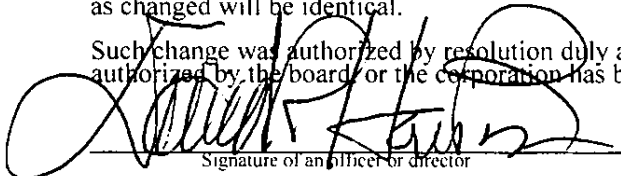
921 N. Palafox St

P.O. Box NOT acceptable

Pensacola, FL 32501

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

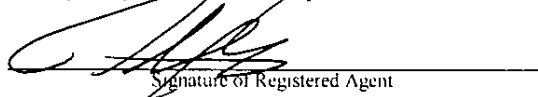
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

David R. Hawkins, President

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.


Signature of Registered Agent

10/29/15
Date

If signing on behalf of an entity:

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 (03/12)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
2016 NOV -4 PM 5:09
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