2940000049

(Requestor's Name)		
(Address)		
(Address)		
. (C i	ty/State/Zip/Phone	e #)
: PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800105095478

07/05/07--01013--017 **35.00

2007 JUL -5 PH 1:41

Ps 7/10/07

TO:

Amendment Section

Division of Corporations

SUBJECT:

HIERS MEMORIAL CHAPEL, INC.

DOCUMENT NUMBER: P94000000649

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:

Micheline Ginette Baxley

Hiers Memorial Chapel, Inc.

PO Box 2047

Ocala, FL 34470

For further information concerning this mater, please call:

Micheline Ginette Baxley at 352/816-0778.

Enclosed is a \$35.00 check made payable to the Department of Sate.

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: Hiers Memorial Chapel, Inc.
- 2. The principal office address: 9695 SW 110th St., Ocala, FL 34481
- 3. The mailing address (if different): 910 E. Silver Springs Blvd., Ocala, FL 34470
- 4. Date of incorporation/qualification: 1/4/94 Document number: P94000000649
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State;

Dennis K. Baxley 910 SE Silver Springs Blvd. Ocala, FL 94470

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

Micheline Ginette Baxley 910 SE Silver Springs Blvd. Ocala, FL 34470

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)

Micheline G. Baxley, Director
Secretary, Treasurer

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)

(Signature of registered agent)

(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 CORPORATION, PO BOX 6327, TALLAHASSEE, FL 32314