P94000049071

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(City/State/Zip/Pho	ne #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	Chestnutt Funeral I	Home		
DOCUMENT NUMBER	P9400049071			
The enclosed Articles of a		bmitted for filing.		
Please return all correspor	ndence concerning this ma	tter to the following:		
Ch	ristopher Chesnut			
		Name of Contact Persor	1	
Ch	estnut Funeral Home			
	_ -	Firm/ Company		
18	NW 8th Avenue			
	· · ·	Address		
Ga	inesville, Florida 32601			
		City/ State and Zip Code	C	
chr	is@chestnutfh.com			
	0	sed for future annual report	notification)	
		,		
For further information co	ncerning this matter, pleas	se call:		
Christopher Chestnut		at (352	256-6151	
Name of C	Contact Person	Area Code & Daytime Telephone Num		
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:	
☑ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 2021 DEC -9 PH 12: 26

Chestnut Funeral Home (Name of Corporation as currently filed with the Florida Dant of State) P9400049071 (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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Christopher Chestnutt Name of New Registered Agent 18 NW 8th Ave (Florida street address) Gainesville New Registered Office Address: 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.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u> <u>John</u>	<u>ı Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	•
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Pres/RA	Charles Chestnut	18 NW 8th Ave
Add			Gainesville, FL 32601
X Remove			
2) Change	Pres	Cynthia Chestnut	н н
x Add			
Remove 3) Change	Man	Charles Chesnut IV	n n
Add Add			
Remove 4) Change	Man/RA	Christopher Chestmut	0 0
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach a	ding or adding ad- idditional sheets, if	necessary). (B.	e specific)	,			
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P 16	nendment provide	. Com un as absoni	n gaalaasifianti	se se anezallat	ion of icensel ch.	h man	
provis	<u>ions for implemen</u>	s ior an exchang ting the amendr	e <u>, reclassificatio</u> lent if not conta	ined in the am	endment itself:	ares.	
ij	not applicable, ind	licate N/A)					
N/A							
		<u> </u>				·	

₹ *

The date of each amondment(s) adopti	December 6, 2021 on:	, if other than th
date this document was signed.		
Decembe	r 6, 2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block document's effective date on the Departi	does not meet the applicable statutory filing requirements, this date vnent of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment(s) ent for approval.	
	d by the shareholders through voting groups. The jollowing statement voting group entitled to vote separately on the amendment(s):	
	ne amendment(s) was/were sufficient for approval	
by		
	(voting group)	
December 6, 20.	21	
Dated		
Signature	the Chroth	
	or, president or other officer – if directors or officers have not been	
	an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
• •	stopher Chestmit	
	(Typed or printed name of person signing)	
Man	ager/	
	(Title of person signing)	