

194000088948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

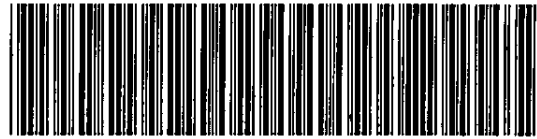
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100105282621

07/05/07--01013--021 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 JUL -5 PM 1:53

As 2/10/07
MA

TO: Amendment Section
Division of Corporations

SUBJECT: HIERS FUNERAL HOME, INC.

DOCUMENT NUMBER: P94000088948

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 Funeral Home
PO Box 247
Ocala, FL 34478-2047

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

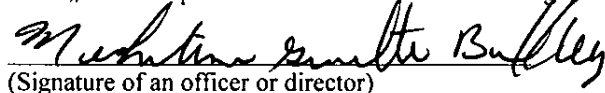
**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

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 FUNERAL HOME, INC.
2. The principal office address: 910 SE Silver Springs Blvd., Ocala, FL 34470
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/1/94 Document number: P94000088948
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 34470
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

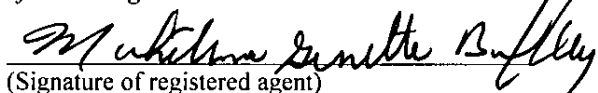
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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
Secretary-Treasurer, Director

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)

6-27-07
(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