P08000017959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C.COULLIETTE

DEC 09 2008

EXAMINER

COVER LETTER

TO: ~~Amendment Section~~
Division of Corporations

SUBJECT: Empire Funeral Supply, Inc.
~~Name of Corporation~~

~~DOCUMENT NUMBER:~~

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:

Mariann Huntemann
~~(Name of Contact Person)~~

Empire Funeral Supply, Inc.
~~(Firm/Company)~~

11480 West Sample Road
~~(Address)~~

Coral Springs, FL. 33065
~~(City/State and Zip Code)~~

For further information concerning this matter, please call:

Mariann Huntemann at (954) 753-7448
~~(Name of Contact Person)~~ ~~(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

~~CR2E043 (8/03)~~

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1308, or 617.1308, 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: Empire Funeral Supply, Inc.

2. The principal office address: 11480 West Sample Road
Coral Springs, FL 33065

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3-3-1995 Document #: P95000017959

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.)

delete: 12/08

Mariann Huntemann
7426 N.W. 74th Drive
Parkland FL 33067

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

new address:

Mariann Huntemann
~~[illegible]~~ 11480 West Sample Road
(P.O. Box NOT acceptable)
Coral Springs, FL 33065

Thankyou

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TALLAHASSEE, FLORIDA

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.

Mariann Huntemann — Mariann Huntemann
(Signature of an officer or director) (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 obligations of my position as registered agent. 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.

Mariann Huntemann — 12-2-08
(Signature of Registered Agent) (Date)
MARIANN HUNTEMANN

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

[illegible]