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(City/State/Zip/Phone #)

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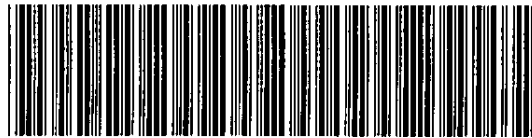
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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EXAMINER

COVER LETTER

TO: Amendments 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 \$15.00 check made payable to the Department of State.

Mailing Address:

Amendments Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendments Section

Division of Corporations

Citizen Building

2661 Executive Center Circle

Tallahassee, FL 32301

