## P9500004993

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|--|--|---|--|
| C T Corporation System                           |  |   |  |
| equestor's Name                                  |  |   |  |
| 660 East Jefferson Street                        |  |   |  |
| ddress   |  |   |  |
| Tallahassee, FL 32301                            |  |   |  |
| City State Zip                                   | Phone  |   |  |
| CORPORATIO                                       | N(S) NAME  | 3000028094 <u>1</u> 3                           | 1  |
|  |  | *****35.00 ******35.0                           | 30                                       |
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| Trinity Memorial                                 | Gardens of Lahe  | land, Tuc                                       | FILED PH 2: 45                           |
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|  | en e   | E C   | 구 D                                      |
| ( ) Profit<br>( ) NonProfit                      | ( ) Amendment  | () Merger                                       | 1 2: 45                                  |
| () Limited Liability Compan<br>() Foreign        | () Dissolution/Witho   | drawal () Mark                                  | •  |
| () Limited Partnership<br>() Reinstatement       | () Annual Report<br>() Reservation   | () Other Change of R.A. () Fictitious Name      |  |
| () Limited Liability Partne<br>() Certified Copy | () Photo Copies  | () CUS  |  |
| () Call When Ready<br>() Walk In<br>() Mail Out  | ( ) Call if Problem<br>( ) Will Wait   | () After 4:30<br>XX Pick Up                     |  |
| Name<br>Avallability                             | 3/17/99  | PLEASE RETURN EXTRA COPY(S)                     | शका स                                    |
| Document   | 3/1/17/  | FILE STAMPED THANKS                             | -—                                       |
| Document Examined                                | /  | JOEY :  |  |
| Verifler   | <u> </u>   | ARO   |  |
| Acknowledgment                                   |  | D and   | 1  |
| W.P. Verifier                                    |  | hange<br>so 2/12/99                             |  |
| CR2E031 (1-89)                                   | and the second of the second o | 7   | )  |

## 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 S the undersigned corporation organized under the laws of the State ofFlorida   |                                       |
|---|---------------------------------------|
| submits the following statement in order to change its registered office or registered agent, or the State of Florida.  1. The name of the corporation is: Trinity Memorial Gardens of Lakela   |                                       |
| 2. The mailing address of the corporation is: P.O. Box 1608  Tarpon Springs, FL 34688   | <del></del>                           |
| 3. Date of incorporation/qualification: 06/27/95 Document number: P95000  | 049923                                |
| 4. The name and address of the current registered agent and office:   |                                       |
| David S. Ford   | 1250 M                                |
| 43309 U.S. Highway 19 North   | 超为                                    |
| Tarpon Springs, FL 34689  5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  | T PH                                  |
| CT Corporation System   | FIST F                                |
| 1200 South Pine Island Road   | ALT.                                  |
| Plantation, FL 33324  | • • • • • • • • • • • • • • • • • • • |
| The street address of its registered office and the street address of the business office of its reagent, as changed, will be identical.  | gistered                              |
| Such change was authorized by resolution duly adopted by its board of directors or by an offi authorized by the board   | cer so                                |
| Dec. Mule_ 3/5/99   |                                       |
| (Signature of an officer, chairman or vice chairman of the board) (Date)  |                                       |
| Keenan L. Knopke, President (Printed or typed name and title)   |                                       |
| Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this cap I further agree to comply with the provisions of all statutes relative to the proper and comple performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.  3/16/99 | ete                                   |
| (Signature or Registered Agent) (Date)  | <del>_</del>                          |
| If signing on behalf of an entity:  VICTOR ALFANO - ASSISTANT SECRETARY   |                                       |
| (Typed or Printed Name) (Capacity)  | <u> </u>                              |
| * * * FILING FEE: \$35.00 * * *   |                                       |

CR2E045(7/97)