Apr 17, 2019 03:23 PM To; 18506176380 Page 1/6 From; M. Faehner, Esq. LLC Fax; 7274749949



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : M. FAEHNER, ESQ. LLC

Account Number : I20170000081

Phone

: (727)443-5190

Fax Number

: (727)474-9949

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CREMATION AND MEMORIAL SOCIETY OF FLORIDA

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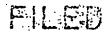
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: CREMATION AN	D MEMORIAL SOCIETY	OF FLORIDA, INC.
DOCUMENT NUMB	P96000048146		·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MICHAEL J. FAEHNER, E	SQ.	
•		Name of Contact Person	n
	M. FAEHNER, ESQ. LLC		
-	<u> </u>	Firm/ Company	
	600 BYPASS DRIVE, SUIT	• •	
-		Address	
	CLEARWATER, FL 33764		
		City/ State and Zip Cod	e
filings	@mfaehner.com		
 	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, please	se call: at (⁷²⁷	. 443-5190
Name o	f Contact Person) de & Daytime Telephone Number
		Arca Co	de de Daytime Telephone (Valide)
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation



	ot 5819 VLH 1 A A 3.18
CREMATION AND MEMORIAL SOCIETY OF FLORII	DA, INC.
(Name of Corporation as	s currently filed with the Florida Dept. of State
P96000048146	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statist Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporate	ration:
	The new
	corporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	፩)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX)</u>	
·	
D. Hammadan M	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	
Name of New Registered Agent	
	(Florida street address)
•	rioriua sireei aaaress)
New Registered Office Address:	(City) , Florida (Zip Code)
	(Zip Cous)
New Registered Agent's Signature, if changing Register	
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

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>	John Doe	
<u>Х</u> Rетюче	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	FOSTER, Helena	14614 AUBREY AVE
x Add			SPRING HILL, FL 34610
Remove			
2) Change			
Add			
Remove			
3)Change			***************************************
Add			
Remove			
4) Change			•
Add			
Кетюче			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	
<u> </u>	
	
-	
	
f an amendment provides for an exch. provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself;
(if not applicable, indicate N/A)	3,577

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. April 17, 2019 Dated	
Signature Signature	
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
RANDY R. FOSTER	
(Typed or printed name of person signing)	
PERSONAL REPRESENTATIVE OF ESTATE OF DORTHY FOSTER	
(Title of person signing)	