

MAY 01 2003 (THU)

09:08

CARLTON FIELDS

P.001/004

Division of Corporations

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P96000086903

Florida Department of State  
Division of Corporations  
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CEMETERY MARKETING, INC.

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 30, 2003

CEMETERY MARKETING, INC.  
PO BOX 140340  
CORAL LAKES, FL 3314608

SUBJECT: CEMETERY MARKETING, INC.  
REF: P96000086903

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# 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: CEMETERY MARKETING, INC.
2. The principal office address: 5965 SW 100 STREET  
MIAMI, FL 33156
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/22/1996 Document number: P96000086903
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
AMERICAN INFORMATION SERVICES  
1 SE 3RD AVE, 27TH FLOOR  
MIAMI, FL 33131
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
MIGUEL A. MASPONS  
5985 SW 100 STREET  
(P.O. Box or personal mailbox NOT acceptable)  
MIAMI, FL 33156

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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.

*(Signature of an officer, chairman or vice chairman of the board)* MIGUEL A. MASPONS, 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 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)* APRIL 29, 2003  
*(Date)*

If signing on behalf of an entity:

*(Typed or Printed Name)* *(Capacity)*

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

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