

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

P980000061126

Cremation Care Center, Inc.

700002689017--1
-11/17/98--01027--011
*****35.00 *****35.00

Art of Inc. File PA
LTD Partnership File Change
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
☒ RA Resignation change
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
☒ Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

FILED
98 NOV 17 PM 4:11
TALLAHASSEE FLORIDA

RECEIVED
NOV 17 AM 10:33

11/17/98

Signature _____

Requested by: Cher

11.17

952

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: CREMATION CARE CENTER, INC
2. The mailing address of the corporation is: 167 N.E. 26th STREET, MIAMI FLA 33127
3. Date of incorporation/qualification: JULY 10, 1998 Document number: P98000061126
4. The name and address of the current registered agent and office:

JOSEPH DAMIANO167 N.E. 26th STREETMIAMI FLA 33127

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

WILSON LOPEZ167 N.E. 26th STREETMIAMI FLA 33127

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SECRETARY OF STATE
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.

Wilson Lopez
(Signature of an officer, chairman or vice chairman of the board)

NOV 16th 1998
(Date)

WILSON LOPEZ PRESIDENT

(Printed or typed name and title)

NOV 16, 1998
(Date)

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 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.

Wilson Lopez
(Signature of Registered Agent)

WILSON LOPEZ

NOV 16, 1998
(Date)

If signing on behalf of an entity:

Wilson Lopez
(Typed or Printed Name)

WILSON LOPEZ

PRESIDENT
(Capacity)