

P.99000084388

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AFFORDABLE CREMATION OPTIONS, INC.
(Name of corporation)

DOCUMENT NUMBER: P99000084388

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:

Jonathan E. Scott

(Name of person)

Affordable Cremation Options, Inc.

(Name of firm/company)

1911 Taft Vineland Road

(Address)

Orlando, FL 32837

(City/state and zip code)

For further information concerning this matter, please call:

Jonathan E. Scott

(Name of person)

at (407)

888-2758

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RA/RO/change
(10) 12/13/02

FILED
02 DEC 12 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 3, 2002

JONATHAN E. SCOTT
AFFORDABLE CREMATION OPTIONS, INC.
1911 TAFT VINELAND ROAD
ORLANDO, FL 32837

SUBJECT: AFFORDABLE CREMATION OPTIONS, INC.
Ref. Number: P99000084388

We have received your document for AFFORDABLE CREMATION OPTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

THE CURRENT REGISTERED AGENT INFORMATION IS INCORRECT ON THE FORM. PLEASE REVIEW THE ENCLOSED PRINTOUT AND MAKE THE NECESSARY CORRECTIONS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 502A00064239

FILED
02 DEC 12 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

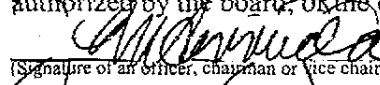
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

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: AFFORDABLE CREMATION OPTIONS, INC.
2. The principal office address: 1911 Taft Vineland Road
Orlando, FL 32837
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/23/1999 Document number: P99000084388
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
Lynn M. Arruda
2475 Trace Ave.
Belle Isle, 32809 Florida
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):
Jonathan E. Scott
1911 Taft Vineland Road
(P.O. Box or personal mailbox NOT acceptable)
Orlando, FL 32837

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)

Lynn Marie Arruda / President-Owner
(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)

September 25 2002
(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

FILED
02 DEC 12 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA