May 15, 2001 8:00 am Secretary of State **DOCUMENT # \$51550** 1. Entity Name CREMATION SYSTEMS INTERNATIONAL, INC. 05-15-2001 90092 037 ***150.00 Principal Place of Business Mailing Address 550 N.W. 27 AVE 550 N.W. 27 AVE STE. 1A STE. 1A FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address P.O.BOX 22577 225 S.W. 21 TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE N/A SUITE A City & State City & State 4. FEI Number Applied For 65-0286111 FORT LAUDERDALE FL FORT LAUDERDALE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33312 Fee Required BROWARD 33335 BROWARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAMIANO, JOSEPH ALBERT G. GIMBEL ESOUIRE Street Address (P.O. Box Number is Not Acceptable) 225 S.W. 21 TERRACE 215 SOUTH MONROE STREET FT. LAUDERDALE FL 33312 TAILAHASSEE TALLAHASSEE FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete TITLE XX Addition P.D. DAMIANO, A JOSEPH DAMIANO NAME NAME STREET ADDRESS 225 SW 21 TER STREET ADDRESS 225 S.W. 21 TERRACE CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FI SUITE 2 A FT LAUDERDALE FL 33312 TITLE Delete TITLE ☐ Change Addition NAME DAMIANO, JOSEPH NAME STREET ADDRESS 225 S.W. 21ST TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE □ Defete TITLE - Change - Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED