

956990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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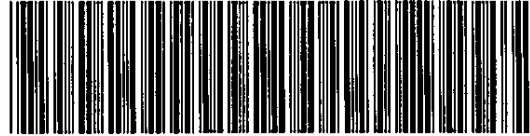
(Business Entity Name)

(Document Number)

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8/31/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fountain Funeral Home, Inc

Name of Corporation

DOCUMENT NUMBER: S56990

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:

Julia Hitt

Name of Contact Person

Fountina Funeral Home, Inc

Firm/Company

507 Hwy 27 N

Address

AvonPark, FL 33825

City/State and Zip Code

lanier30@embarqmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia A. Hitt

Name of Contact Person

at (863) 453 3134

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Fountain Funeral Home, Inc.
2. The principal office address: 507 US Hwy 27 North, Avon Park, FL 33825

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/30/91 Document number: S56990

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Cynthia P. Fountain (Resigned)

507 US Hwy 27 N

AvonPark, FL 33825

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Julia A. Hitt

507 US Hwy 27 N

P.O. Box NOT acceptable

Avon Park, FL 33825

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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.

Julia A. Hitt
Signature of an officer or director

Julia A. Hitt, President
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.

Julia A. Hitt
Signature of Registered Agent

August 10, 2016
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)