I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARRELL D JOHNSON

Electronic Signature of Signing Authorized Person(s) Detail

City-State-Zip: TAMPA FL 33637 City-State-Zip: TAMPA FL 33637

Authorized Person(s) Detail :			
Title	P	Title	VP
Name	JOHNSON, DARRELL D	Name	JOHNSON, SONYA S
Address	8410 TEMPLE TERRACE HWY.	Address	8410 TEMPLE TERRACE HWY.
0.11 01 11 7.11		City State 7in	

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.

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

JOHNSON, DARRELL D 8410 TEMPLE TERRACE HWY. TAMPA, FL 33637 US

SIGNATURE:

TAMPA, FL 33637

TAMPA, FL 33637 US

FEI Number: 26-3105005

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L08000073774

Entity Name: SCRIVENS JOHNSON MORTUARY SERVICE LLC

Current Principal Place of Business:

8410 TEMPLE TERRACE HWY.

Current Mailing Address:

8410 TEMPLE TERRACE HWY.

Certificate of Status Desired: No

01/16/2020 Date

FILED Jan 16, 2020 Secretary of State 6021538690CC

Date

PRESIDENT