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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	OF CORPORATION:EXECUTIVE SERVICE CENTRE INC P00000024066			
DOCUMENT NUMBI				
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	ELIO	MENDOZA		
-		Name of Contact Perso	n	
	EXECUTIVE SERVICE CENTRE INC			
-		Firm/ Company		
1805 NW 51 PLACE HANGAR # 10				
-		Address		
]	FORT LAUDERDALE FL.	33309		
_		City/ State and Zip Cod	le	
	e	liotromp@gmail.com	/	
	E-mail address; (to be u	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call;		
ELIO MENDOZA		954 at (7673-9079	
Name of	Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations		Ameno Divisio	Address Iment Section on of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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EXECUTIVE SERVICE CENTREANC.

(<u>rtame o</u>)		itly filed with the Florida Dept.	or state)
	P00000024066	. .	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, th	is Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new name	me of the corporation:		
			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associat	ntion "Corp," "Inc," or	"Co". A professional corporal	rated" or the abbreviation
B. Enter new principal office address, i	f annlicable:	N/A	
(Principal office address MUST BE A ST			
		 	*** **********************************
C. Enter new mailing address, if applie	cable:		
(Mailing address MAY BE A POST O		N/A 	
			
			<u> </u>
D. If amending the registered agent and			e of the
new registered agent and/or the new		<u>(55:</u>	
Name of New Registered Agent	ELIO MENDOZA	 	
	1805 NW 51 PLACE	HANGAR # 10	
	(Florida	street address)	
New Registered Office Address:	FORT LAUDEDALE		Florida 33309
		(City)	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			of the position
receive accept the appointment as registe	rea agem. Tam jaminu	- ыт аш ассерг те оонданых	eg me pasinione
	-0-O		
	Elio Viendor	<i>∼</i>	
	Signature of New	Registered Agent if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u> </u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	ELIO MENDOZA	1805 NW 51 PL. HANGAR #10
X Add			FT. LAUDERDALE, FL. 33309
Remove			
2) Change	PD	ROMEISER EDWARD W	1805 NW 51 PL HANGAR # 10
Add			FT. LAUDERDALE FL. 33309
X Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			
6)Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
N/A		
	<u> </u>	<u> </u>
		
		
		
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		· · · ·
		
f an amendment provides for an exch	inge, reclassification, or cancellation	of issued shares,
provisions for implementing the ame	dment if not contained in the amend	lment itself:
(if not applicable, indicate N/A)	1	
X	/A	
		<u> </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	11/10/2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendmes sufficient for approval.	ent(s)
	e approved by the shareholders through voting groups. The following state of the following state of the amendment (s):	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and sharel	iolder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	т
Dated	10/31/2018	
Signature	Eles houding	
sel	a director, president or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)	
	ELIO MENDOZA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	