P15000023834

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2015 MAY -5 PH 12: 24
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MAY 1.2 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Life Essentials Services, Corp. DOCUMENT NUMBER: <u>P15000023836</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Andres Perez Jr. Name of Contact Person Firm/ Company 7220 Mystic Way Port Saint Lucie, FL 34986
City/ State and Zip Code Lifeessentialsservices@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of			2015 MAY -5	
Life Essentials Services, Corp.				
(Name of Corporation as currently filed with the Florida Dept. of State)				
P15000023836				
(Document Number of Corporation (if k	nown)	FLORIDA	PH 12: 24	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following	ng amendm	nent(s) to	
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must		n	
B. Enter new principal office address, if applicable:	126 Center Street	_		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Jupiter, FL 33458	_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7220 Mystic Way Port Saint Lucie, FL 34986	- - -		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	-		
Name of New Registered Agent Andres Perez Jr	·			
7220 Mystic Wa (Florida street	J			
New Registered Office Address: Port Saint Luci	e , Florida 34986 (Zip Code)	-		
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familian wit	h and accept the obligations of the position.			
Signature of New Registered Age	ent if changing			
Signature of New Registered Ago	m, y 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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	P	Andres Perez	Jr.	7220 Mystic Way
Add				Port Saint Lucie, FL 34986
Remove				
2) Change		Maylyn Perez		7220 Mystic Way
Add				Port Saint Lucie, FL 34986
Remove .				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				***************************************
Remove				
6) Change				
Add			.	
Remove				
i i Kemove				

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
/A	
- JANES - 11-11-11-11-11-11-11-11-11-11-11-11-1	
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414-4276	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
Α	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
_	/30/2015	
Effective date <u>if applicable</u> : 4	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	idopted by the incorporators without shareholder action and shareholder	
Dated 4/30/2	015	
selec	director, presiden or other officer of directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	_
	Andres Perez Jr.	
	(Typed or printed name of person signing)	_
	President	_
	(Title of person signing)	