

P15D000023836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

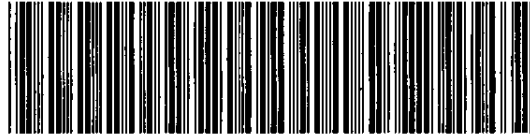
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OCT 20 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Life Essentials Services, Corp.

Name of Corporation

DOCUMENT NUMBER: P15000023836

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:

Maylyn Perez

Name of Contact Person

Firm/Company

2303 S. Parrott Avenue # K

Address

Okeechobee, FL 34974

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:

Maylyn Perez

Name of Contact Person

at (305) 731-9431

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2015

MAYLYN PEREZ
2303 S. PARROTT AVENUE #K
OKEECHOBEE, FL 34974

SUBJECT: LIFE ESSENTIALS SERVICES, CORP.
Ref. Number: P15000023836

We have received your document for LIFE ESSENTIALS SERVICES, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

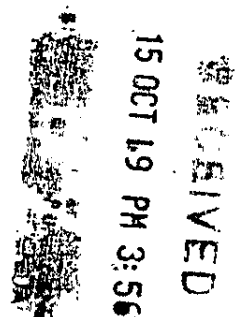
You failed to list the new registered agent information in part 6 of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 615A00021243



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.9502, 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: Life Essentials Services, Corp.
2. The principal office address: 2303 S. Parrott Avenua Suite K
Okeechobee, FI 34974
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/15/2015 Document number: P15000023836
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)

Andres Perez Jr.

7220 MYSTIC WAY
PORT SAINT LUCIE, FL 34986

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

Andres Perez Jr.
2303 S Parrott Ave. Ste
Okeechobee, FL 34974
P.O. Box NOT acceptable

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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.

[Signature]
Signature of an officer or director

Andres Perez Jr / 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.

[Signature]
Signature of Registered Agent

9/20/2015
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