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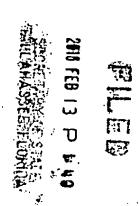
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FEB 14 2018 T. LEASSEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ELIZA SERVICE	S CORP	
DOCUMENT NUM	D18000007120		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	ELIZABETH RAMIREZ		
		Name of Contact Perso	n
		A 1/A	
	***	Firm/ Company	
	1627 NE 35TH LANE	, , ₁	
	7	Address	
	CAPE CORAL, FL 33909		
		City/ State and Zip Cod	ů.
For further informatio	E-mail address: (to be used) n concerning this matter, please	nc & outlook. con sed for future annual report se call:	notification)
ELIZABETH RAMII	REZ	239	691-5971
Name of Contact Person		Area Co	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 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		Street Address Amendment Section	
	ision of Corporations	Amendment Section Division of Corporations	
P.O.	. Box 6327	Clifton Building	
Tallahassee, Fl. 32314			Executive Center Circle assec, FL 32301
		, and the same	

Articles of Amendment to Articles of Incorporation

of

ELIZA SERVICES CORP

ELLEB

· (Name of Corporation as	currently filed with the Florida Dept. of State)
P18000007420	284 FEB 13 P 5 4
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendine
A. If amending name, enter the new name of the corpora	tion:
name must be distinguishable and contain the word "co	The _new rporation," "company," or "incorporated" or the abbreviation
"Corp., "Inc., or Co., or the designation "Corp." "In word "chartered," "professional association," or the abbre	c." or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1627 NE 35TH LN, CAPE CORAL, FL 33909
(Principal office address <u>MUST BE A STREET ADDRESS</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1627 NE 35TH LN. CAPE CORAL, FL 33909
(Managadan Cost Managadan Cost Manag	
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	address:
Name of New Registered Agent /	<u>/A</u>
$-\frac{1}{\epsilon E}$	lorida street address)
Vin Paris and 1/4	W
New Registered Office Address: N/A	Florida
New Registered Agent's Signature, if changing Registered	I Agent:
I hereby accept the appointment as registered agent. I am f	amiliar with and accept the obligations of the position.
,	/a
<i></i>	A Solution of New Registered Agent, if changing
Signature i	y New Registered Agent, tj 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>Y</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	. <i>U/A</i>		
Add			
Remove			
2) Change	N/A		
Add			
Remove			
3.) Change	<u> </u>		
Add	ŕ		
Remove			
4) Change	N/A		
Add	/		
Remove			
5 (1)	N/A		
51 Change	/		
Add			
Remove			
6) Change	NA		
Add			
Remove			

	ssary). (Be specific)		
	a)/A		
			
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•			•
7-			
			-
			
· , <u> </u>		**************************************	
			
f an amendment provides for a	an exchange, reclassification, o	r cancellation of issued shares.	
provisions for implementing t	he amendment if not contained	in the amendment itself:	
(if not applicable, indicate	NA)		
in an egymetime, menetic	<i>N/</i> Α		
in appreciate, material	— // /		
	•		
	·		
	·		•
v, sy precent. material	<u> </u>		
v, oppredire. matthe			
v, of predict, march			
vy most precure. Indicate			

The date of each amendment date this document was signed	(s) adoption:, if other than the
	02/12/2018
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
2/12/ Dated	
Signature	y a director, president or other officer () if directors or officers have not been
se	y a director, president or other officer () if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	EIZABETH RAMIREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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