

P19000026176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

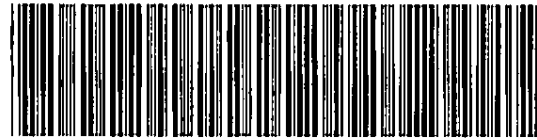
(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: Eternal Life Services Corp
Name of Corporation

DOCUMENT NUMBER: P19000026176

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:

Gustavo Rodriguez

Name of Contact Person

Eternal Life Services Corp

Firm/Company

6303 Blue Lagoon Dr Suite 400

Address

Miami FL 33126

City/State and Zip Code

info@eternalifeservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gustavo Rodriguez

Name of Contact Person

at (305) 7536270

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)