P190000 26176

(Req	uestor's Name)		
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUB. Name	ECT: Eternal Life Services Corp of Corporation		
DOC	UMENT NUMBER: P19000026176		
The e	nclosed Statement of Change of Registered Off	fice/Agent and fed	are submitted for filing.
Please	e return all correspondence concerning this mat	ter to the followir	ng:
Gusta	vo Rodriguez		
Name	of Contact Person		
Eterna	al Life Services Corp		
Firm/	Company		
6303	Blue Lagoon Dr Suite 400		
Addre	ess		
Miam	i F1 33126		
City/S	State and Zip Code		
	info@eternalifeservices.com		
E-ma	ail address: (to be used for future annual rep	ort notification)	
For fi	urther information concerning this matter, pleas	se call:	
Gusta	vo Rodriguez	at (³⁰⁵	7536270 dc & Daytime Telephone Number
	Name of Contact Person	Area Co	de & 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

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Station organized under the laws of the State of $\overline{^{ m Flor}}$ or registered agent, or both, in the State of Flor	rida
	he corporation: Eternal Life Serv		
2. The principal	office address: 6303 Blue Lagour	n Dr suite 400 Miami Fl 33126	
3. The mailing a	ddress (if different): 5250 NW 8	34th ave # 313 Doral Ft 33166	
4. Date of incorp	poration/qualification: 03/21/201	Document number: P1900002617	76
5. The name and		gistered agent and registered office on file with t	
	The Tax Team Inc	_	
	4101 SW 73 Ave Miami Fl 3315	5	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office Nelson Rodriguez Nelson Dr Suite 400 Miami Fl 33126		
	6303 Blue Lagoon Dr Suite 400 I	Miami Fl 33126	127
		P.O. Bux NOT acceptable	Þ Ð ⊞
as changed will	be identical.	he street address of the business office of its re	•
Such change wa authorized by the	is authorized by resolution duly ie board, or the corporation has	y adopted by its board of directors or by an office been notified in writing of the change.	icer so
9_	eth	Gustavo Rodriguez President	
// "	the appointment as registered of comply with the provisions of a land acception for the following the comply with the provisions of a land accepting filed merely to reflect a charben notified in writing of this	agent and agree to act in this capacity. If all statutes relative to the proper and comple If the obligation of my position as registered ag In the registered office address, I hereby of It change.	te performance zent. Or, if this onfirm that the
Nolo		I \$ /16/2020	
Sign	tature of Registered Agent	Date	
If signing on bel	half of an entity:		
Ту	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *

CR2E045 (04/13)