## P190000 26176

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400369359694

07/02/21--01006--010 \*\*43.75



O Kiuzer JNT 5 # 5051

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

Eternal Life Services Corp				
7	ame of Corporation			
DOCUMENT NUMBER: P19000026176				
The enclosed Articles of Correction and fe	e are submitted	for filing.		
Please return all correspondence concernir	ng this matter to	the following:		
Nelson Rodriguez				
Name of Contact Person		_		
Eternal Life Services Corp				
Firm/Company	<u></u>	_		
6303 Blue Lagoon Dr suite 400				
Address		_		
Miami Fl 33126				
City/State and Zip Code	<u>.                                    </u>	- <b>-</b>		
info@eternalifeservices.com				
E-mail address: (to be used for future annual re	eport notification)	_		
For further information concerning this ma	atter, please call	:		
	305	726-3478		
Nelson Rodriguez  Name of Contact Person	at (	Daytime Telephone Number		
Manie of Conact Person		•		
Enclosed is a check for the following amo	unt:			
□ \$35.00 Filing Fee	□ \$43.75 Fil	☐ \$43.75 Filing Fee & Certificate of Status		
■ \$43.75 Filing Fee & Certified Copy	□ \$52.50 Fi Cei	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy		
Mailing Address:		Street Address:		
Amendment Section		Amendment Section Division of Corporations		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF CORRECTION

For

Eternal Life Services Corp				
Name of Corporation as currently filed with the Florida De	ept, of State			
P19000026176				
Document Number (if known)				
Pursuant to the provisions of Section 607.0124, Florida Statutes.				
These articles of correction correct  Articles Of Incorporation  (Document Type			•	
tiled with the Department of State on 3/21/2019  (File Date of Document)	e Being Corrected)			
Specify the inaccuracy, incorrect statement, or defect:				
Principal Phone of the business is incorrect (article II )		٠٠٠٠	202	
Incorrect address (15552 sw 11th ter Miami Fl 33194)		<u> </u>	<u></u>	
Register agent information is incorrect (article V)		8 11 281 28	1	6 4 uka. 1 uku kuta 1 uku kuta
Address of incorporators (article VI)		() () ()	A	
Initial officer and/or director of corporation (article VII) (address and name	)	er Til	بې	a in mag. Specially d
Correct the inaccuracy, incorrect statement, or defect:		·		<del></del>
Correct principle place of business (6303 Blue lagoon Dr suite 400 Miami F	FI 33126)			
Correct Principal Phone -305-753-6270, Correct register agent-Nelson Rode	riguez			_
Correct titles-President Nelson Rodriguez, Vice President- Gustavo Rodriguez	uez, Secretary - Vand	essa Ferrer.		_
Vanessa Ferrer Correct address- 8425 nw 41th st Apt 411 Doral Fl 33166				
Nelson Rodriguez Correct address- 8425 nw 41th st Apt 411 Doral Fl 3316	6			<del></del>
Gustavo Rodriguez correct address- 8215 sw 72nd ave apt 1201 Miami Fl 3	33143			
(Signature of a director, president or other officer - if directors not been selected, by an incorporator - if in the hands of the nother court appointed tidudiary, by that fiduciary.)	s or officers have ecciver, trustee, or			
Nelson Rodriguez	President			
(Typed or printed name of person signing)	(Title of person signing)			

Filing Fee: \$35.00