The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATUR	E: ALEJANDRO NUNEZ			05/01/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	S	
Name	NUNEZ, ALEJANDRO	Name	NUNEZ, ALEJANDRO	
Address	4508 NW 114 AVE #2107	Address	4508 NW 114 AVE #2107	

City-State-Zip:

DORAL FL 33178

**Current Mailing Address:** 

4508 NW 114 AVE #2107 DORAL, FL 33178

4508 NW 114 AVE #2107 DORAL. FL 33178 US

## FEI Number: 27-2080791

City-State-Zip: DORAL FL 33178

## Name and Address of Current Registered Agent:

Entity Name: ESCS CONTRACTORS CORP

**Current Principal Place of Business:** 

NUNEZ, ALEJANDRO 4508 NW 114 AVE #2107 DORAL, FL 33178 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NUNEZ, ALEJANDRO

Electronic Signature of Signing Officer/Director Detail

## Certificate of Status Desired: No

05/01/2015

FILED May 01, 2015 Secretary of State CC1073041025

Date