F 23000002176

(Requestor's Name)
(Address)
(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:
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Patrice Rush Reference #:	Date:	01/31/2024	
Entity Name:			
DRONISOS USA INC. ☐ Articles of Incorporation/Authorization to Transact Business ☐ Amendment ☐ Change of Agent ☐ Reinstatement ☐ Conversion ☐ Merger ☐ Dissolution/Withdrawal ☐ Fictitious Name ☐ Other			
Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitious Name Other Authorized Amount: \$35.00			ONISOS USA INC.
☐ Change of Agent ☐ Reinstatement ☐ Conversion ☐ Merger ☐ Dissolution/Withdrawal ☐ Fictitious Name ☐ Other			
Reinstatement Conversion Merger Dissolution/Withdrawal Fictitious Name Other Authorized Amount: \$35.00	☐ Amen	dment	
Conversion Merger Dissolution/Withdrawal Fictitious Name Other Authorized Amount: \$35.00	Change Ch	ge of Agent	
☐ Merger ☐ Dissolution/Withdrawal ☐ Fictitious Name ☐ Other	☐ Reins	tatement	
☐ Dissolution/Withdrawal ☐ Fictitious Name ☐ Other Authorized Amount: \$35.00	☐ Conve	ersion	
Fictitious Name Other Authorized Amount: \$35.00	☐ Merge	er	
OtherAuthorized Amount:\$35.00	Disso	lution/Withdrawal	
Authorized Amount: \$35.00	☐ Fictition	ous Name	
The state of the s	Other		
The state of the s		£25.00	
	Authorized A Signature:	mount: \$35.00	

F: 800.944.6607

F: +852.2682.9790

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT:Name of Corporation
DOCUMENT NUMBER:
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:
Name of Contact Person
Firm/Company
Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at () Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of change is submitted for a	607,0502, 617,0502, 607,1508, or 617,1508, Fla corporation organized under the laws of the Sta red office or registered agent, or both, in the Sta	nte of Delaware			
The name of the corporation:	DRONISOS USA INC.	DRONISOS USA INC. 1251 AVENUE OF THE AMERICAS, 3RD FL			
The principal office address:					
	NEW YORK, NY 10020				
3. The mailing address (if different): _					
4. Date of incorporation/qualification:	04/13/2023 Document number:	F23000002176			
	current registered agent and registered office on	file with the			
COF	RPORATION SERVICE COMPANY				
1201 HAYS STREET					
	TALLAHASSEE, FL 32301-2525				
6. The name and street address of the r (if changed):	new registered agent (if changed) and /or register	red office .			
	Cogency Global Inc.				
1	15 North Calhoun Street, Suite 4				
P O Box NOT acceptable					
	Tallahassee, Florida 32301				
_	Tice and the street address of the business offic				
Such change was authorized by resolution authorized by the board, or the corporation of the corporation and the corporation are the corporation ar	ution duly adopted by its board of directors or ration has been notified in writing of the chang	by an officer so ge.			
/s/Leo Krymkier	Leo Krymkier, Authorize				
Signature of an officer or director	Printed or typed nam	te and title			
I hereby accept the appointment as re I further agree to comply with the pro of my duties, and I am familiar with a document is being filed merely to refl corporation has been notified in writt	egistered agent and agree to act in this capacit visions of all statutes relative to the proper an and accept the obligation of my position as reg lect a change in the registered office address, l ing of this change.	v. id complete performanc istered agent. Or, if thi hereby confirm that the			
T. Gumarra	12/20/2	:023			
Signature of Registered Agent	Date				
If signing on behalf of an entity:					
Tracy Giumarra, Assistant Sec	retary				
Typed or Printed Name					

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