

L190000 83 150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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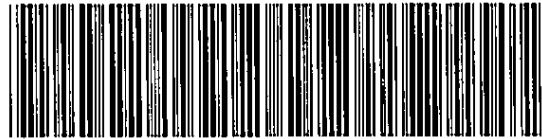
(Business Entity Name)

(Document Number)

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T GLASS

MAY 06 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2019

SIGRIDO CABRERA
6969 COLLINS AVE APT 1103
MIAMI BEACH, FL 33141

SUBJECT: DRONES VIZION, LLC
Ref. Number: L19000083150

We have received your document for DRONES VIZION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Signature page is cut off

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Document ID: L19000083150
Letter Number: 019A000007681

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AND
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Drones Vizion LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Siggrido Cabrera
Name of Person

Drones Vizion LLC
Firm/Company

6969 Collins Ave Apt 1103
Address

Miami Beach, FL 33141
City/State and Zip Code

Siggridocabrera@medina@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Siggrido Cabrera at (786) 296-5756
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Drones Vizion LLC

2. (a) 6969 Collins Ave Apt 1103

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Miami Beach, FL 33141

(b) 6969 Collins Ave Apt 1103

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Miami Beach, FL 33141

3. _____
Date of filing/registration in Florida

4. L19000083150
Document number

5. (a) Sigfredo Cabrera
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6860 Royal Palm Blvd Suite 107

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami, FL 33063

(b) Sigfredo Cabrera
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

6969 Collins Ave Apt 1103

NEW Registered Office Address:

Miami Beach, FL 33141

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Sigfredo Cabrera Medina
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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AND
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SECRETARY OF STATE
TALLAHASSEE, FL