

120000204211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

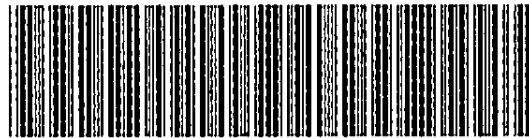
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

JUN 11 2022

Office Use Only



700385971607

04/20/22--01008--005 **25.00

FILED
2022 APR 20 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Constellation Drone Imaging, 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:

Benjamin Johnston
Name of Person

Constellation Drone Imaging, LLC
Firm/Company

2318 Princess Place Drive
Address

Wilmington
City/State and Zip Code

ben@econenterprisesllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Johnston at (412) 657-1014
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Constellation Drone Imaging, LLC
2. (a) 7901 4th Street N, Ste 300
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Saint Petersburg, Florida 33702-4399
- (b) 7901 4th Street N, Ste 300
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Saint Petersburg, Florida 33702-4399
3. 07/14/2020 Date of filing/registration in Florida
4. L20000204211 Document number
5. (a) Registered Agents Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7901 4th Street N, Ste 300
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Saint Petersburg, FL 33702-4399
- (b) Reginald Shaw
Enter name of NEW Registered Agent and/or NEW Registered Office address:
909 North Caryville Road
NEW Registered Office Address
Bonifay, FL 32425

FILED
2022 APR 20 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Reginald Shaw

Signature of a member or authorized representative of a member

Reginald Shaw

Printed or typed name of signer

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.

Reginald Shaw

Signature of Registered Agent