21700235

(Requestor's Name)					
(Address)					
(Address)					
(/100/055)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(200411)					
C. (C. store of Orbita					
Certified Copies Certificates of Status					
<u></u>					
Special Instructions to Filing Officer:					

Office Use Only



900366853539

MAY 25 2021 I ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 5/21/2021			**WALK	<i>IN**</i>
ENTITY NAME DRONE	X LLC	· · · · · · · · · · · · · · · · · · ·		
DOCUMENT NUMBER_			-	
	PLEASE FILE THE ATTACHED	AND RETURN	.: ,	
<u>XXXX</u>	Plain Copy Certified Copy		-NVAIK	Ė∀*+
	Certificate of Status			
/	PLEASE OBTAIN THE FOLLOWING FOR	THE ABOVE ENTITY		
	Certified Copy of Arts & Amendments			
	Certificate of Good Standing		#145 TF #	ties
	APOSTILLE' / NOTARIAL CE	RTIFICATION		
COUNTRY OF DESTINAT	TON		_	
NUMBER OF CERTIFICA	TES REQUESTED		_	
TOTAL OWED \$25.00	A	CCOUNT #: I20160000072	starrent, f	
Please call Tina at th	e above number for any issues or	concerns. Thank you so n	ruch!	

COVER LETTER

	stration Secti sion of Corpo			
SUBJECT: .	DroneX LLC			
SUBJECT:)	Name of Limited Liab	oility Company
Dear Sir or M	adam:			
The enclosed	Statement of	Correction and fee(s)	are submitted for filin	g.
Please return	all correspon	dence concerning this i	natter to the followin	g:
Fabrizio Leng	gua			
		Name of Person		
ZenBusiness	INC.			
		Firm/Company		_
5511 Parkere	st Dr. Suite 2	07		
		Address	, , ,, <u>u</u> <u></u>	_
Austin, TX 7	8731			
	City	/State and Zip Code		_
fulfillment@:	zenbusiness.c	com		
E-mail a	ddress: (10 b	e used for future annua	l report notification)	_
For further int	formation co	ncerning this matter, pl	ease call:	
Fabrizio Leng	ţua		512	237-7349
	Name of I	Person	at (at Code	_)
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 th	e following amount:		
■\$25 Filing b	fee □	\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605,0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: DroneX LLC The Florida Document number of the limited liability company is: 1.21000235919 SECOND: Document to be corrected is: ____ THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT **2** Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The Signature of member or authorized representative should be David Evans, and not David Domnitz. <u>OR</u> ☑ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are Authorized Signature should be David Evans, please remove David Domnitz. <u>OR</u> $_{\vee}$ The electronic transmission of the record was defective. David (vans 05/24/2021 Signature of Authorized Representative Date Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). New Registered Agent's Signature, if changing Registered Agent: 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. Bill Havre Registered Agent's Signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)