## L22000 112313

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Enlity Name)
(Document Number)
Certificates of Status
al Instructions to Filing Officer:
RA is not in our System.

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J 3/10/2023

## **COVER LETTER**

Division of Corporations			
DroneUP Florida, LLC SUBJECT:			
	nited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
David Sanchez			
Name of Person			
Continental PLLC			
Firm/Company	<del></del>		
255 Alhambra Circle - Suite 640			
Address			
Coral Gables, Florida 33134			
City/State and Zip Code			
dsanchez@continentalpllc.com			
E-mail address: (to be used for future annual repo	rt notification)		
For further information concerning this matter, please c	all:		
David Sanchez 30 at (	05 677-2707		
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	t:		
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 3, 2023

**DAVID SANCHEZ** 255 ALHAMBRA CIRCLE SUITE 640 CORAL GABLES, FL 33134

SUBJECT: DRONEUP FLORIDA, LLC

Ref. Number: L22000112313

We have received your document for DRONEUP FLORIDA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

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) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 923A00005004

www.sunbiz.org

## 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.

2. (a) 160 Newton Road, Suite 500, Virginia Beach, Virginia 23462  Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)  Date of filting/registration in Florida  3. Date of filting/registration in Florida  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  390 North Orange Avenue, Suite 850, Orlando, Florida 32801  Registered Office Address  MullST BE FLORIDA STREET ADDRESS  FL.  Continental PLLC  Enter name of NEW Registered Agent and/or NEW Registered Office address:  FL.  255 Alhambra Circle, Suite 640, Coral Gables, Florida 33134  NEW Registered Office Address:  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 afformative 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. It is hereby confirmed that the change(s) was/were authorized by an afformative 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 is not organized to the proper and complete performance of my duties, and I am familiar with and accept the obligations 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 and provided for in Chapter 605, F. S. Or, if this document is being file to merely reflect a chapte of the F.S. Or, if this document is being file to merely reflect a	1. Na	ame of the limited liability company: DroneUP Florida, L	LC		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  1.22000112313  3. Date of filing/registration in Florida 4. Document number  5. (a) Gillian, Ian P (resigned)  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  390 North Orange Avenue, Suite 850, Orlando, Florida 32801  Registered Office Address  (MUST BE FLORIDA STREET ADDRESS)  FL	2. (a)		2 (	'b)	
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00