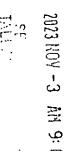


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COVER LETTER • •

TO: Registration Section Division of Corporations							
SUBJECT: Air Drone Ops LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.						
Please return all correspondence concerning thi	s matter to the following:						
Jeffrey Willits							
Name of Person							
Air Drone Ops LLC							
Firm/Company							
2173 NW 51st Ter							
Address							
Ocala, FL 34482							
City/State and Zip Code							
jeff.willits@live.com							
E-mail address: (to be used for future annual	ual report notification)						
For further information concerning this matter,	please call:						
Kim Willits	at (808) 276-0370						
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:							
Ø_\$25 Filing Fee	S55 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.

. Na	ime of the limited liability company: Air Drone Ops LLC				
. (a)	2173 NW 51st Ter	(b) 21	173 NW :	51st Ter
. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	,	;	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ocala, FL 34482	_	O	cala, FL	34482
	10/20/2022	-	L22	0004515	507
	Date of filing/registration in Florida	4.			Document number
	UNITED STATES CORPORATION AGENTS, INC.				
. (a)	Registered Agent and Registered Office shown on the records of the	- Floric	da Dei	ot, of Stat	- e:
	476 RIVERSIDE AVE.				
	Registered Office Address (MUST BE FLORIDA STREET AD	DRES	53)		-
	JACKSONVILLE, FL 32202				
					77.
	, FL_				923 I
(h)	Registered Agents Inc				2023 NOV -3
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice a	ddres	<u>s</u> :	- <u>' </u>
	7901 4th St N				
	NEW Registered Office Address:				Q
	STE 300				; • • • • • • • • • • • • • • • • • • •
	St. Petersburg 33	3702			
ie cha gent v ras/we	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of clear of organization or the operating agreement of the limited liab.	ne reg ility o the lii mited	gister comp mitec Hiab	ed office any, it i I liabilit ility con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	ture of a member or authorized representative of a member	Jeff	frey V	VIIIIIS	Printed or typed name of signee
herel rovisi he obl mere atibe	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete poigations of my position as registered agent as provided ply reflect a change in the registered office address. I he is in writing of this change. David Roberts - Assistant Secret	erforn for in reby (nanc Cha	e of my pter 602	acity. I further agree to comply with the duties, and I am familiar with and accep 5. F.S. Or, if this document is being filed

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent