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COVER LETTER

TO: Amendment Section Division of Corporations

DRONEWORX US, INC. SUBJECT: Name of Corporation			
DOCUMENT NUMBER: P15000032	Name of Corporation 2496		
The enclosed Articles of Correction and f	ee are submitted	l for filing.	
Please return all correspondence concerni	ng this matter to	the following:	
LUIS MAUROVICH			
Name of Contact Person		_	
DRONEWORX US, INC.			
Firm/Company			
7350 S. TAMIAMI TRAIL #35			
Address		_	
SARASOTA, FL 34231			
City/State and Zip Code		_	
LOUIS@DRONEWORX.US			
E-mail address: (to be used for future annual	report notification)	_	
For further information concerning this m	atter, please cal	l:	
LUIS MAUROVICH	941	400-2360	
Name of Contact Person	at (Area () Code & Daytime Telephone Number	
Enclosed is a check for the following amo	nunt.		
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□ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy		
Mailing Address:	Street Address:		
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			
A WARMANDOWY I AT WALL IT	Tallahassee, FL 32301		

ARTICLES OF CORRECTION

For

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DRONEWORX US, INC.	15 APR 20 PM 2: 28
Name of Corporation as currently filed with the	
P15000032496	
Document Number (if kno	own)
Pursuant to the provisions of Section 607.0124 or 617.012 these Articles of Correction within 30 days of the file date ARTICLES OF INC	e of the document being corrected.
APRIL 9, 2015	cument Type Being Corrected)
filed with the Department of State on	f Document)
Specify the inaccuracy, incorrect statement, or defect: REGISTERED AGENT, INCORPORATOR AND I	
INCORRECTLY AS LOUIS MAUROVICH.	
Correct the inaccuracy, incorrect statement, or defect: CORRECT SPELLING OF REGISTERED AGEN	T, INCORPORATOR AND PST
NAME IS: LUIS MAUROVICH	· · · · · · · · · · · · · · · · · · ·
 	
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·
(Signature of a director, president or other officer	if directors or officers have
not been selected, by an incorporator - if in the ha other court appointed fiduciary, by that fiduciary.	inds of the receiver, trustee, or
LUIS MAUROVICH	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00