

*PI6 0000 38555*

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

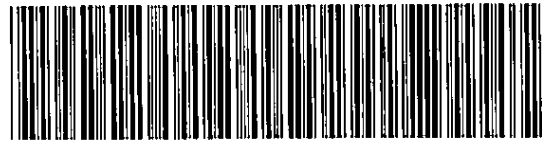
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2019 MAY 20 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

JUN 04 2019  
C Kinsey

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **DRONE PICS AND VIDS CORP**

Name of Corporation

**DOCUMENT NUMBER:** **P16000038555**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Alberto Hernandez**

Name of Contact Person

Firm/Company

**13237 SW 45 Lane**

Address

**Miami, Florida 33175**

City/State and Zip Code

**al59@live.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Alberto Hernandez**

Name of Contact Person

**305 525-0521**

at ( )  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DRONE PICS AND VIDS
2. The principal office address: 13237 SW 45 LANE MIAMI, FLORIDA 33175
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/26/2016 Document number: P16000038555

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

INCORP SERVICES, INC  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Alberto Hernandez  
13237 SW 45 LANE  
P.O. Box NOT acceptable  
MIAMI, FLORIDA 33175

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**TALLAHASSEE, FL**

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Alberto Hernandez, VP  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

05/16/2019

Date

If signing on behalf of an entity:

Alberto Hernandez  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*