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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corporations BIRDDOG DRONES, INC. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ELIZABETH ALLOCCO
Name of Contact Person BIRDDOG DRONES, INC. 9201 COLLINS AVE. # 1022 Address SURFSIDE, FL 33154 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>305</u>) <u>215-2505</u> Area Code & Daytime Telephone Number ELIZABETH Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE DIVISION OF CORPORATION:

:2017 APR 10 PM 1: 58

(Name of Corporation as current	y filed with the Florida Dept. of State)
BIRDDOG DRONES, INC.	f Corporation (if known)
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
BIDDOG DONES THE	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	'Co": A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	A(u
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	<u> </u>
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	
new registered agent and/or the new registered office address	
Name of New Registered Agent	414
(Florida et	vet address)
	.).
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent. I am familiar v	with and accept the ortigations of the position.
4.	
N	A Revistered Agent, if changing
Signature of New R	Registered Agent if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		MA	The internal state of the state
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change		_	

Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) adoption: 64/06/17 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The foll must be separately provided for each voting group entitled to vote separately on the amend	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action a action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and s action was not required.	hareholder
Dated 04/06/17	
Dated	
Signature In Valoria (lace)	
(By a director, president or other officer - if directors or officers h	
selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	, or other court
ELIZABETH ALLOCCI	Ö
(Typed or printed name of person signing)	
PRESIDENT	
(Title of nerson signing)	The state of the s