

P170000068488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

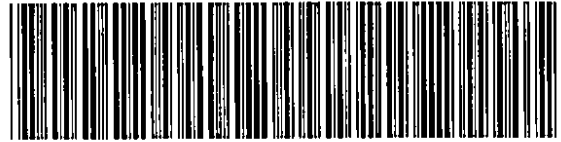
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CLERK OF COURT
TALLAHASSEE, FLORIDA

AUG 23 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2018

SERVANDO RICK ALZATI
X4 DRONE TECHNOLOGIES, INC
1711 NW 86 AVENUE
PEMBROKE PINES, FL 33024

SUBJECT: X4 DRONE TECHNOLOGIES, INC.
Ref. Number: P17000068488

We have received your document for X4 DRONE TECHNOLOGIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 018A00016035

RECEIVED
18 AUG 23 AM 11:11
SECRETARY OF
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: X4 Drone Technologies, Inc.
Name of Corporation

DOCUMENT NUMBER: P17000068488

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:

Servando Rick Alzati

Name of Contact Person

X4 Drone Technologies, Inc.

Firm/Company

1711 NW 86 Avenue

Address

Pembroke Pines, FL 33024

City/State and Zip Code

ralzati@hotmail.com

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

For further information concerning this matter, please call:

Servando Rick Alzati

Name of Contact Person

at (954) 873-7711

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: X4 Drone Technologies, Inc.
2. The principal office address: 1711 NW 86 Avenue, Pembroke Pines, FL 33024
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/15/2017 Document number: P17000068488

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)

Rick Alzati

1711 NW 86 Avenue

Pembroke Pines, FL 33024

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

Servando Rick Alzati

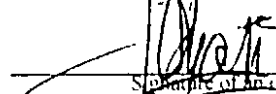
1711 NW 86 Avenue

P.O. Box NOT acceptable

Pembroke Pines, FL 33024

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

Servando Rick Alzati, President

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

07/27/2018

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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FLORIDA DEPARTMENT OF STATE