

P17000080507

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Statement of Fact Draft for Correction of Corporate Records

Virgilio Oropeza  
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Homestead, FL 33032  
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786.399.8578

07/10/2024  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Statement of Fact for Correction of Corporate Records of AV TECH PLUS SERVICES INC

Dear Sir/Madam.

I, Virgilio Oropeza, hereby declare under penalty of perjury that the registration records of AV TECH PLUS SERVICES INC have been altered without my knowledge or consent. The following statements are true to the best of my knowledge and belief.

1. Entity Information:

- Entity Name: AV TECH PLUS SERVICES INC
- Document Number: P17000080507
- Original Filing Date: 10/05/2017

2. Correction of Records:

- I request that you refer to the original records of the corporation as filed in previous years.
- The individual Banks, Shawn with the address 8260 Milam Loop, Fairburn, GA 30213, should be removed from all corporate records.
- I, Virgilio Oropeza, residing at 25213 SW 114 Ave, Homestead, FL 33032, am the rightful Director and sole owner of AV TECH PLUS SERVICES INC.

3. Request for Update:

- Please update the corporate records to reflect the accurate and rightful ownership and directorship as outlined above.

4. Contact Information:

- I am available for any further information or clarification required to process this request. Please contact me at 786.399.8578 or virgiliooropeza@gmail.com

I declare under penalty of perjury that the foregoing is true and correct.

Sincerely,

Virgilio Oropeza

**FLORIDA INDIVIDUAL ACKNOWLEDGMENT**  
F.S. 117.05(13)

State of Florida }  
County of Miami Dade }

The foregoing instrument was acknowledged before  
me by means of

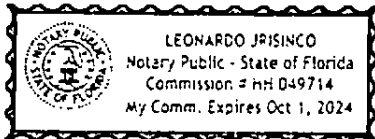
☒ Physical Presence.

— OR —

☐ Online Notarization.

this 10 day of July, 2024, by  
Date Month Year

Virgilio Oropeza  
Name of Person Acknowledging



Leonardo Jrisinco  
Signature of Notary Public — State of Florida  
Name of Notary Typed, Printed or Stamped

☐ Personally known

☒ Produced Identification

Type of Identification Produced: FL Drivers license

# 0612-865-70-304-0

Place Notary Seal Stamp Above

**OPTIONAL**

Completing this information can deter alteration of the document or  
fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Statement of Fact

Document Date: 7/10/24 Number of Pages: 1

Signer(s) Other Than Named Above: \_\_\_\_\_