## MKCOCOTHO

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer  J. HORNE  NOV 27 2022									

Office Use Only



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SECHELULY OF CHARE

RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. :	12000000195									
REFERENCE :	100790 8429380									
AUTHORIZATION :	Land Del.									
COST LIMIT :	\$ 25 00 man									
ORDER DATE : October 31, 2023										
ORDER TIME : 10:29 AM										
ORDER NO. : 100790-120										
CUSTOMER NO: 8429380										
CHANGE OF AGENT										
NAME: MHI POWER AERO LLC	INTERNATIONAL									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:										
CERTIFIED COPY  XX PLAIN STAMPED COPY										
CONTACT PERSON: Eyliena Baker										
EXAM	INER'S INITIALS:									

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ì.	Na	ame of the limited liability company: MHII	POWER A	ERO INT	ERNATION	NAL ELC		
2	(a)	628 Hebron Avenue, Suite 400		_ (b)	١			
4.	(a)	Principal office address of limited liability co	-	_ (5,	1	Mailing address of limite (Note: MAY BE POS		
		Glastonbury, CT 06033		<b>-</b> -				
		08/02/2018		<u> </u>	M1800000	7170		
3.		Date of filing/registration in Florid	a	4.		Document number		
5	(a)	C T Corporation System						
J.	(4)	Registered Agent and Registered Office shown on the	e records of th	ne Florida	Dept. of State	<del>-</del> 3:		$\sim$
		1200 South Pine Island Road						<u>رن</u> ت
		Registered Office Address (MUST BE FLORIDA	4 STREET A	DDRESS)		-	:	23 500 2
								7.3
		Plantation	117	33324		•		7.5
			, FL_			-	•	:- 
	(b)					:	_	07
	(0)	Enter name of NEW Registered Agent and/or NEW	Registered (	Office add	ress:	•		
		Corporation Service Company						
		NEW Registered Office Address:				•		
		1201 Hays Street						
		Tallahassee	, FL	32301				
cha age wa	ange ent w s/we	mited liability company is not organized und or changes are made, the Florida street addrivill be identical. Or, in the case of a Florida are authorized by an affirmative vote of the notes of organization or the operating agreements.	ess of the r limited liab nembers of	egistered oility con the limi mited liz	l office and opany, it is led liability ability com	I the business office hereby confirmed to company or as other pany.	of the	e registered e change(s)
		/s/ Jill Cilmi	<del></del>	Jili C	ilmi, Autho	rized Person	Coigna	
	_	ure of a member or authorized representative of a men		. 4 4 6		Printed or typed name of	=	
] ]. pro the to t	ieret visio obli mere	by accept the appointment as registered agen ons of all statutes relative to the proper and igations of my position as registered agent a fly reflect a change in the registered office ac	n and agree complete pa s provided ddress, I he	e to act t erformat for in Cl reby cot	n this capa ice of my d apter 605, ifirm that t	city. I filtiner agree luties, and I am fame F.S. Or, if this doc he limited liability c	r to co iliar w umen ompa	with and accept t is being filed ny has been
noi	ifiea	(in writing of this change.				e Company		
Sig	natur	e of Registered Agent	Am	ni M. Ca	asper, As	st. Vice Presider	nt	