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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please  $\frac{1}{12}$ 

Fmail	Address:			
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## REGISTERED AGENT CHANGE ROTOR HOLDINGS, INC.

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Si n organized under the laws of the State of $\frac{F}{2}$ r registered agent, or both, in the State of Fl	lorida	_		
1. The name of (	the corporation: ROTOR HOLDING	GS, INC.				
				<u> </u>		
3. The mailing a	ddress (if different):			<del></del>		
4. Date of incorporation/qualification: 12/01/2011 Document number: P11000102740						
	I street address of the current regitment of State: (If resigned, enter	stered agent and registered office on file wit resigned)	h the			
	Turovsky, PAUL		202 S			
12771 World Plaza Lane Suite 1-A		\	2024 APR 25 SECRETARIA TALLARASE	7		
	Fort Myers, FL 33907		(25	5		
6. The name and (if changed):			PM I2: 09			
	Registered Agents Inc		9.F <b>€</b>			
	7901 4th St N STE 300					
		P,O, Box NOT acceptable				
	St. Petersburg FL 33702	<del>.</del>				
The street addre as changed will	ess of its registered office and the be identical.	e street address of the business office of its	registered age	nt,		
Such change wa authorized by th	is authorized by resolution duly ne board, or the corporation has b	adopted by its board of directors or by an obeen notified in writing of the change.	officer so			
Postislau	Grigorenko-	Rostislav Grigorenko - CFO				
Signatu	re of an officer or director	Printed or Typed name and title	ė	•••		
l further agree i of my duties, an document is bei	to comply with the provisions of d I am familiar with and accept	gent and agree to act in this capacity. all statutes relative to the proper and comp the obligation of my position as registered ge in the registered office address. I hereby change.	plete performa agent. Or, if t y confirm that t	nce this the		
David Schools		4/25/2024				
Sig	nature of Registered Agent	Dute		_		
If signing on be	half of an entity:					
David Roberts		_				
T	yped or Printed Name					