



State of Rhode Island
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

2025 MAR 11 AM 8:45

→ Filing Fee: NO Fee

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 001672894		2. Exact Name of the Limited Liability Company HTX Helicopters LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <u>47 - Wood Ave - Ste 2</u>			
City/Town <u>Barrington</u>		State RHODE ISLAND	Zip <u>02806</u>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: REGISTERED AGENTS INC			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) <u>700 Narragansett Park Dr. Suite 100</u>			
City/Town <u>Pawtucket</u>		State RHODE ISLAND	Zip <u>02861</u>
6. The name of the NEW resident agent is: REGISTERED AGENTS INC			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company <u>Zivorad Tomic</u>			Date <u>03/05/2025</u>
Signature of Authorized Person of the Limited Liability Company <u>Zivorad Tomic</u>			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FILED

MAR 11 2025

BY ES 8:45



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 11, 2025 08:45 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

