

# F04000005368

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

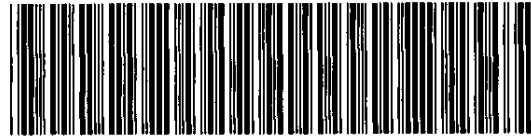
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400131216584

06/18/08--01022--003 \*\*35.00

RECEIVED  
08 JUN 18 AM 11:13  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 JUN 18 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Chong*

JUN 18 2008

●. Colette

June 18, 2008

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 7266829 SO  
Customer Reference 1: None Given  
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Helix Global Solutions (USA) Inc. (DE)  
Change of Agent  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
[Connie.Bryan@wolterskluwer.com](mailto:Connie.Bryan@wolterskluwer.com)

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Helix Global Solutions (USA) Inc.

(Name of Corporation)

DOCUMENT NUMBER: F04000005368

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:

Peter McDougall

(Name of Contact Person)

Paul Frank + Collins

(Firm/Company)

One Church Street

(Address)

Burlington, VT 05401-4451

(City/State and Zip Code)

For further information concerning this matter, please call:

Peter McDougall

(Name of Contact Person)

at (802) 860-4137

(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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Helix Global Solutions (USA) Inc.
2. The principal office address: 2101 NW 82nd Avenue  
Miami, FL 33122
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 9/21/2004 Document number: F04000005368
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Christopher LeCanne

2101 NW 82nd Avenue

Miami, FL 33122

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

CT Corporation System

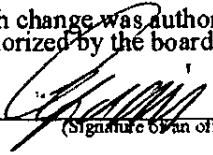
1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, FL 33324

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)

Douglas Ajram, President and Director

(Printed or typed name and title)

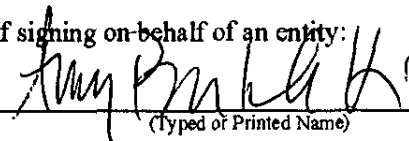
I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if 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)

May 21, 2008

(Date)

If signing on behalf of an entity:



(Typed or Printed Name)

**AMY BERTELETTI**  
**SPECIAL ASSISTANT SECRETARY**

\*\*\* 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 (8/05)

FILED  
08 JUN 18 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA