Page 1 of 1

Floridal Department of State
Division of Corporations
Electronical ling Gover Sheet

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Division of Corporations

Fax Number : (850) 617-6380

Account Name : C T C

: C T CORPORATION SYSTEM

Account Number : FCAG00000023 Phone : (85C)222-1092 Fax Number : (85C)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

P-n-i7	Address:			
	AUULOSS.			

REGISTERED AGENT CHANGE HELIX SYSTEMS, INC.

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COVER LETTER

TO: Ameno Divisio	lment Section on of Corporations	
SUBJECT:	IELIX SYSTEMS, INC	
	Name of Corpo	pration
DOCUMENT	F14000000742	
The enclosed S	Statement of Change of Registered Office/A	gent and fee are submitted for filing.
	Il correspondence concerning this matter to	
	Samuel K. Hamilton	
	Name of Contac	t Person
	Voith Holding Inc.	
	Firm/Comp	any
	2200 N Roeiner Rd	
	Address	
	Appleton, W1 - 54912	
	City/State and 2	ip Code
	mike.arneson@voith.com	
	E-mail address: (to be used for futu	re annual report notification)
For further inf	ormation concerning this matter, please call	:
Samuel K. Han		920 358-2205
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a !	\$35.00 check made payable to the Departme	nt of State.
	Malling Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

CR2E045 (03/12)

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 6 ange is submitted for a corporation organized under the la		
	er to change lis registered office or registered agent, or bo	· · · · · · · · · · · · · · · · · · ·	
1. The name of t	the corporation: HELIX SYSTEMS, INC.		
2. The principal	ECC DOING 110 01 111 - 111		_
	BESSEMER, AL 35022		_
3. The mailing a	address (if different):		-
4. Date of incorp	poration/qualification: 2/18/2014 Document	питber: F14000000742	- -
	d street address of the current registered agent and register rtment of State: (If resigned, enter resigned)	ed office on file with the	
	NORTHWEST REGISTERED AGENT, LLC		
	3030 N ROCKY POINT DR SUITE 150A		
	TAMPA, FL 33607		
6. The name and (if changed):	d street address of the new registered agent (if changed) an	d for registered office	
	C T Corporation System	TAC	<u>.</u>
	c/o C T Corporation System, 1200 South Pine Island Road	LAI	AON
	P.O. Box NOT acceptable	HA A	<u>ح</u>
	Plantation, Florida 33324	SSE	ت
The street addre	ess of its registered office and the street address of the buildentical.		AM U:
Such change wa authorized by th	as authorized by resolution duly adopted by its board of a he board, or the corporation has been notified in writing of	lirectors or by an officer so ORIE	96
Sam	Samuel K. Ham		
I hereby accept I further agree t performance of tagent, if this hereby confirm to	the appointment as registered agent and agree to act in to comply with the provisions of all statutes relative to the my duties, and I am familiar with and accept the obligatist document is being filed merely to reflect a change in the that the corporation has been notified in writing of this appointance System.	d or typed name and tute this capacity, te proper and complete jon of my position as registered the registered office address, I change,	
Ву: С	mil Burg-	11/03/2014	
-	nature of Register® Agent	Dair	
is signing on bel	chalf of an emity:		
()19	yped or Printed Name ** * 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 (03/12)