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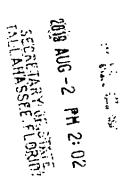
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COVER LETTER

TO:	Registration Section			_
	Division of Corporations		A	
	LICUTANA LLO			4
SUBJ	HELITAM, LLC.		Y.C.	الله الله الله الله الله الله الله الله
	Name	of Limited	l Liability Company	NB-2 PH 2: 02
Dear !	Sir or Madam:		· ·	Car Car
				Sec. 2
The e	nclosed Registered Agent/Registered Offic	ce Change a	and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this	s matter to t	he following:	
Melis	ssa P. Lanza, Esq.			
	Name of Person			
	Firm/Company			
104	Crandon Blvd., Suite 420			
	Address			
Key	Biscayne, FL 33149			
	City/State and Zip Code			
cmu	ribe@yahoo.com			
	E-mail address: (to be used for future annual	ual report n	otification)	
For f	urther information concerning this matter,	please call:		
1011	article information, concerning and marrier,	,		
Carl	os M. Uribe	786 at (534-4257	
	Name of Person	at (Area Code & Daytime Telephone Number	r
	STREET/COURIER ADDRESS:		MAILING ADDRESS:	
	Registration Section		Registration Section	
	Division of Corporations		Division of Corporations	
	Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314	
	Enclosed is a check for the following	amount:		
			\$55 Filing Fee & Certified Copy	
	☑ \$25 Filing Fee	<u> </u>	2 333 I milg I do be Certified Copy	

INHS18 (2/14)

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.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 999 Ponce De Lean Blvd, #650 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Coral Gables FL 33134 (b) Helssa P. Lanza Esq. Enter name of NEW Registered Agent and/or NEW Registered Office address: 104 Crandon Blvd., Suite 420 NEW Registered Office Address: Let Biscayne FL 33149 f the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that he change or changes are made, the Florida street address of the registered office and the business office of the upon will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the chapses of the state of by an affirmating vote of the members of the limited liability company or as otherwise pro	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 999 Ponce De Leon Blvd uso Goral Gables, FL 33134 Date of filing/registration in Florida 1 Document number 6. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 999 Ponce De Leon Blvd, #650 Registered Office Address MUST BE FLORIDA STREET ADDRESS) Coral Gables FL 33134 Coral Gables FL 33134 (b) Melissa P. Lanza Esq. Enter name of NEW Registered Agent and/or NEW Registered Office address: Loy Crandon Blvd. Suite 420 NEW Registered Office Address: Loy Crandon Blvd. Suite 420 NEW Registered Office Address: Loy Crandon Blvd. Suite 420 NEW Registered Office Address: Loy Crandon Blvd. Suite 420 NEW Registered Office address: Loy Crandon Blvd. Suite 420 NEW Registered Office address: Loy Crandon Blvd. Suite 420 NEW Registered Office address: Loy Crandon Blvd. Suite 420 NEW Registered Office address of the registered office and the business office of the ugent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the chavas/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide articles of gagarization of the parating agreement of the limited liability company or as otherwise provide articles of gagarization of the operating agreement of the limited liability company. Carlos M. Urbe	
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Signature of a member or authorized representative of a member Printed or typed name of signee	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a he obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is b o merely reflect a change in the registered office address, I hereby confirm that the limited liability company ha notified in writing of this change.	v with the ind accept eing filed as been
Signature of Registered Agent	

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00