L34954

(Re	equestor's Name)	-		
(Ad	ddress)			
(Ad	ddress)			
(Ci	ity/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

DOCUMENT NUMBER: L34954

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:

Raquel R. Gómez

Name of Contact Person

Helm Bank USA

Firm/Company

999 Brickell Avenue

Address

Miami, FL 33131

raquel.gomez@helmbankusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raquel R. Gómez

Name of Contact Person

at (305) 329-7285

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida St organized under the laws of the State of <u>Fl</u> egistered agent, or both, in the State of Fl	orida	<u></u>	
	he corporation: Helm Bank US				
2. The principal	office address: 999 Brickell Av	enue, Miami, Florida 33131			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 12/08/198	Document number: L34954			
	street address of the current registe tment of State: (If resigned, enter res	red agent and registered office on file with signed)	h the		
	Fernando Munera				
	999 Brickell Avenue				
	Miami, Florida 33131				
6. The name and (if changed):	I street address of the new registered	l agent (if changed) and /or registered offic	ce ar ·	18 ¥	
	Elsa Garrandes		154 v	MAR I	
	999 Brickell Avenue			3 Fi	17
	Miami, Florida 33131	c NOT acceptable	1 (1)	ယ္ က	
The street addre	ess of its registered office and the st be identical.	reet address of the business office of its	registered	agent	· •
		opted by its board of directors or by an of notified in writing of the change.			
70	Muy	Fernando Munera, Preside	nt & C.E	O.	
I hereby accept I further agree to performance of	my duties, and I am tamiliar with a	nt and agree to act in this capacity, statutes relative to the proper and comp ind accept the obligation of my position to reflect a change in the registered office	as regisier	red I	
Gille 1	11. Sanander	03/01/2018			
	half of an entity:	Đạte			
т,	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *