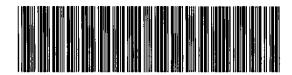
M04000001255

(Red	questor's Name)	
(Ado	dress)	•
- (Ado	dress)	
(City	//State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Dod	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:) . /
[(\mathcal{M})
)/

Office Use Only



700082237557

OF DEC 19 PM W. W.

RECEIVED

06 DEC 19 PM 1: 04

DEPARTMENT LE STATE
DIVISION DE CORPORATION
DIVISION DE CORPORATION



ON SERVICE COMPANY		
	ACCOUNT NO. : 07210	0000032
	REFERENCE : 64936	5 7552596 Property
, A I	jthorization April 6	lena Esta
	COST LIMIT : 25.	00
ORDER DATE : Dec	ember 7, 2006	OND
ORDER TIME : 10:	11 AM	7 :
ORDER NO. : 649	365-600	
CUSTOMER NO:	7552596	
	CHANGE OF AGENT	
	HELMSMAN MANAGEMENT SE LLC	RVICES
PLEASE RETURN THE CERTIFIED XX PLAIN STA		FILING:
	Troy Todd	

EXAMINER'S INITIALS:

• STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. The name of the limited liab	oility company is: _1	HELMSMAN	MANAGEMENT S	ERVICES LLC	
2. The mailing address of the l	limited liability com	pany is:	······································		
9 Riverside Road, Weston, MA 024	93				
03/10/2004			M04000001255		
3. Date of filing/registration in	Florida	4	Document nur	nber	
5. The name of the registered a Florida Department of State:	gent and the registe	red office ad	ddress as shown	on the records of the	
	C T Corp	oration System	า		
	1	Vame		40 8	
	1200 South	Pine Island Ro	oad		
	A	ddress		200	
		on, FL 33324		F 50 F	
		tate and Zip		SS TO	
6. The name and address of the	•	•		EE.FLS	
	Corporation S	Service Compa	any	另下 子	
Name 1201 Hays Street					
Flo	orida street address (OT accentable)	•	
1.10	ilua sireet address (r.o. box N	OT acceptable)		
	Tallahassee	FL	32301		
	City, Sta	te and Zip			
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby of the members of the limited or the operating agreement of the state	e or changes are made egistered agent will confirmed that the c	de, the Florid be identical change(s) wa	da street address . Or, in the case as/were authorize	of the registered office of a Florida limited d by an affirmative vote	
(Simple and					
(Signature of a member or authorized re	presentative of a member)				
Maureen Cullen, Authorized Person					
(Printed or typed name of signee)					
I hereby accept the appointme comply with the provisions of a and I am familiar with and acc Chapter 608, F.S. Or, if this daddress, I hereby confirm that	nt as registered age ill statutes relative te ept the obligations ocument is being filt the limited liability	ent and agree to the proper of my position ed to merely company ha	e to act in this ca r and complete p on as registered a reflect a change is been notified in	spacity. I further agree to erformance of my duties, agent as provided for in a in the registered office my writing of this change.	
(Signature of Registered Agent)		•			
Elizabeth A. Dawson, Asst. Vice Pr Division of	esident Corporations, P.O .	. Box 6327,	Tallahassee, FL	32314	

FILING FEE: \$25.00

INHS18 (8/05)