

## M050006319

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Helix 70, LLC		
(Name of	f Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Scott C. Burgess	<u> </u>	
(Name of Person)		
Aviation Legal Group, P.A.  (Firm/Company)	<del></del>	
(Firm/Company)		
5525 NW 15th Avenue, Suite 20	0	
(Address)	<del></del> _	
Fort Lauderdale, Florida 33309	<u> </u>	
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
Allison Sass	at (954 ) 763-5565	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations	
2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	•	
Enclosed is a check for the follow	ing amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## 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 liability company is: Helix 70,	LLC
2. The mailing address of the limited liability company is:	223 Industrial Ávenue
Teterboro, NJ 07608	
11/10/2005	M05000006319
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State:	address as shown on the records of the
Elizabeth Button	
Name	9
233 Industrial Avenue Address	
Teterboro, NJ 07608	EP OR C
City, State and 2	06 SEP 14
6. The name and address of the new registered agent and/or	Of SEP 14 PH 1:
Wolcott & Associates, P.A.	
Name	<u> </u>
5525 NW 15th Avenue, Suit	e 203
Florida street address (P.O. Box	NOT acceptable)
Fort Lauderdale FL 333	
City, State and Zi	p
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.  (Signature of member or authorized representative of a member)	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
PLIZABETH BLITTON (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer- address. I hereby confirm that the limited liability company (Signafire of Registered Agent)	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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