

M 19000000.3689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

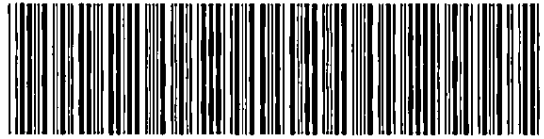
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200327865332

0 03/22/19--01002--015 **400000.0

17:18

Display Payment by Doc Num

04/18/19

DEP Page 0001/0001

Deposit Number	: 03/22/19 01002 015	Deposit Amount	: 400,000.00
Account Number	: I20000000195	Deposit Balance	: 235,311.68
Refund Request Date	:	Debit Memo Date	:
Refund Mail Date	:	Void Date	:
Refund Amount	: 0.00	User ID	: SHAWKES
Requester	:		

		DOC Page	0002/0002
Tracking Number	: 200327865332	Document Number	: M19000003689
Ledger Date	: 05/01/19	Sub Account Number	:
Document Requester	: CORLCAMND		

<u>Category</u>	<u>Description</u>	<u>Amount</u>
CF	ALL CORP FILING FEES	25.00

M19000003689



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2019

CORPORATION SERVICE COMPANY

RESUBMIT

Please give original
submission date as file date.

SUBJECT: HELIX FLORIDA 2 LOGISTICS ASSET LLC
Ref. Number: M19000003689

We have received your document for HELIX FLORIDA 2 LOGISTICS ASSET LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida LLC, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 119A00008114

2019 APR 22 AM 8:39
APPROVED AND FILED
RECEIVED DEPARTMENT OF STATE
19 APR 30 PM 4:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Helix Florida 2 Logistics Asset LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sara Bess Queen
Name of Person

Mapletree US Management LLC
Firm/Company

1065 6th Avenue, 5 Bryant Park, 28th Floor
Address

New York, NY 10018
City/State and Zip Code

sara.queen@mapletree.com.sg
E-mail address: (to be used for future annual report notification)

2019 APR 22 AM 8:39
REGISTRATION SECTION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
APPROVED
AHD
FILED

For further information concerning this matter, please call:

Sara Bess Queen at (646) 908-6300
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Helix Florida 2 Logistics Asset LLC

Enter new principal office address, if applicable: _____

**(Principal office address
MUST BE A STREET ADDRESS)** _____

Enter new mailing address, if applicable: _____

**(Mailing address
MAY BE A POST OFFICE BOX)** _____

2. The Florida document number of this limited liability company is: M19000003689

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 11, 2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

2019 APR 22 AM 8:39
SECRETARY OF STATE
STATE OF FLORIDA

APPROVED
AND
FILED

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

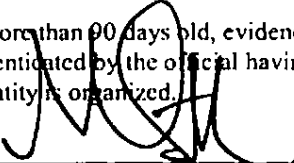
Adding new Vice President

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>Sara Bess Queen</u>	<u>1065 6th Avenue, 5 Bryant Park, 28th Fl</u>	<input checked="" type="checkbox"/> Add
		<u>New York, NY 10018</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
2019 APR 22 AM 8:39
FILED

APPROVED
AND
FILED

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Michael Thomas Smith

Typed or printed name of signee

Filing Fee: \$25.00