

Division of Corporations

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**F140000742**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To: Division of Corporations  
Fax Number : (850) 617-6380  
From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCAC00000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
HELIX SYSTEMS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

*Handwritten signature*  
NOV 04 2014  
T. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HELIX SYSTEMS, INC  
Name of Corporation

**DOCUMENT NUMBER:** F1400000742

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:

Samuel K. Hamilton  
Name of Contact Person

Voith Holding Inc.  
Firm/Company

2200 N Roemer Rd  
Address

Appleton, WI - 54912  
City/State and Zip Code

mike.arneson@voith.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel K. Hamilton at ( 920 ) 358-2205  
Name of Contact Person 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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Alabama in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HELIX SYSTEMS, INC.  
2. The principal office address: 5531 POWDER PLANT LN  
BESSEMER, AL 35022

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2/18/2014 Document number: F1400000742

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NORTHWEST REGISTERED AGENT, L.L.C  
3030 N ROCKY POINT DR SUITE 150A  
TAMPA, FL 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Samuel K. Hamilton  
Signature of an officer or director

Samuel K. Hamilton  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

C T Corporation System  
By: Connie Buxa  
Signature of Registered Agent

11/03/2014  
Date

If signing on behalf of an entity:  
Connie Buxa  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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