12/29/2016



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

Email	Address:_
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REGISTERED AGENT CHANGE J. FLETCHER CREAMER & SON, INC.

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COVER LETTER

TO:	Amenda Division	nent Section of Corporations		
SUBJ	J. Fle ECT:	etcher Creamer & Son Inc.		
		Name of Cor	poration	
DOC	UMENT N	P24281 IUMBER:		
The e	nclosed Sta	ntement of Change of Registered Office/	Agent and fee are submitted for filing.	
Please	e return all	correspondence concerning this matter t	o the following:	
		Kara Williamson		
	act Person			
		APi Group, Inc		
Firm/Company				
		1100 Old Highway 8 NW		
		Addre	SS	
		New Brighton, MN 55112		
		City/State and	Zip Code	
		CTARTcam@wkglobal.com	•	
		E-mail address: (to be used for fut	ure annual report notification)	
			,	
For fu	rther infor	nation concerning this matter, please ca	lt:	
Kathle	en Healy		612 852-1285	
	N	ame of Contact Person	Area Code & Daytime Telephone Number	
Enclo	sed is a \$3;	5.00 check made payable to the Departm	ent of State.	
		Mailing Address: Amendment Section	Street Address: Amendment Section	
		Division of Corporations	Division of Corporations	
		P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
		141141403500, 1 D 32314	Tallahassee, FL 32301	

CR2H045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	he provisions of sections 607.0502, 617.03 change is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes, this	3	
		stered agent, or both, in the State of Florida.		
1. The name o	of the corporation. J. FLETCHER CREAM	ER & SON, INC.		
		8 NW, New Brighton MN, 55112-6447		
3. The mailing	g address (if different):	-		
4. Date of inc	orporation/qualification: 05/11/1989	Document number: P24281	~~	
5. The name a		agent and registered office on file with the		للث
	NRAI SERVICES, INC	(SES)	29	
	1200 South Pine Island Road		::	E
	Plantation, FL 33324		ت ئن	,
6. The name a (if changed)	and street address of the new registered ag	cot (if changed) and /or registered office	<u>ල</u>	
	CT Corporation System			
	c/o C T Corporation System, 1200 South	Pine Island Road		
		YI' acceptable		
	Plantation, Florida 33324	***************************************		
The street add as changed wi	lress of its registered office and the stree	t address of the business office of its registered a	agent,	
Such change authorized by	was authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an officer so officed in writing of the change.		
	Late Il	Joseph T. Walsh President		
	agre of an officer or director	Printed or typed name and title	,	
l hereby acce I further nigre performance (agent. for, if i hereby confiri	of the appointment as registered agent a e to comply with the provisions of all sto of my dutter, and I am familiar with and this document is being filed merely to ref in that the corporation has been notified	nd agree to act in this capacity tules relative to the proper and complete accept the obligation of my position as registere fiect a change in the registered office address. I in writing of this change.	ed :	
CTC	orporation System (wide Brakes	12/27/2016		
<u> </u>	ignature of Registered Ageni	Dute	 ,	
If signing on t	ochalf of an entity:			
Candice Pign				
-	Typed or Printed Name			
	A A A SAY WATER THE	OP ASEAS + + +		•

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

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