

199106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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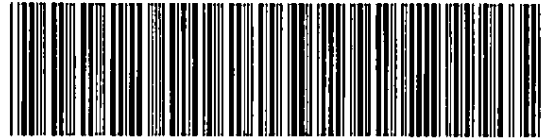
(Business Entity Name)

(Document Number)

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JA 09/18/20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** STENNER PUMP COMPANY, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 199106

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:

MICHAEL A. KINCAID

Name of Contact Person

STENNER PUMP COMPANY

Firm/Company

3174 DESALVO ROAD

Address

JACKSONVILLE, FLORIDA 32246

City/State and Zip Code

mkincaid@stenner.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL KINCAID

Name of Contact Person

at (904)

641-1666

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

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: STENNER PUMP COMPANY
2. The principal office address: 3174 DESALVO ROAD  
JACKSONVILLE, FLORIDA 32246
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/15/1957 Document number: 199106
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)

COLD, KATHY

ONE INDEPENDENT DRIVE, SUITE 2301

JACKSONVILLE, FLORIDA 32202

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

KATHLEEN H. COLD

10151 DEERWOOD PARK BLVD BLDG 300 SUITE 300

P.O. Box NOT acceptable

JACKSONVILLE, FLA 32256

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**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

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.

Michael Kincaid  
Signature of an officer or director

MICHAEL KINCAID, PRESIDENT

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.

Kathleen H. Cold  
Signature of Registered Agent

7/22/2020  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE