## 207614

(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:							

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SLO- I LY OF STATE TALLAHASSEE, FL

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: ATLANTIC FILTER CORPORATION of Corporation	
DOC	UMENT NUMBER: 207614	
The er	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
Wendy	y Grant	
Name	of Contact Person	<del></del>
A. O. S	Smith Corporation	
Firm/0	Company	·
11270	West Park Place	
Addre	ess	
	nikee, WI 53224	
City/S	State and Zip Code	
E-ma	il address: (to be used for future annual	report notification)
For fu	orther information concerning this matter, p	please call:
Wend	y Grant	at (414 )359-4147
	Name of Contact Person	at (414 ) 359-4147 Area Code & Daytime Telephone Number
Enclo	used 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

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or registe	ized under the laws	of the State of	Florida	<i>S</i>	
	the corporation: ATLANTIC FILTER COI office address: 3112 45TH STREET, W. P	RPORATION				
z. The principal	office address					
	address (if different):					-
4. Date of incorp	poration/qualification: 01/01/1958	Document nu	ımber: <u>207614</u>			-
5. The name and Florida Depar	d street address of the current registered a timent of State: (If resigned, enter resigned	gent and registereded)	office on file w	rith the		
	CORPORATION SERVICE COMPANY			_		
	855 Country Club Dr			<del></del>		
	N Palm Beach, FL 33408			_		
6. The name an (if changed):	d street address of the new registered age		or registered o	ffice		
		<u> </u>		_		
	1201 Hays Street P.O Bo	NOT acceptable		<del></del>		
	Tallahassee, FL 32301	_	<u> </u>			
The street addr as changed wil	ess of its registered office and the street l be identical.	address of the bus	iness office of	its registere	d agent.	
Such change wanthorized by t	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of di otified in writing of	rectors or by a fithe change.	n officer so		
	Just for hours of the other of	charle	ST. Lac	ber 7	rea	su rer
I hereby accep I further agree of my duties, a document is he	t the appointment as registered agent ar to comply with the provisions of all stand and I am familiar with and accept the ob- ing filed merely to reflect a change in the solution of this change	he registered office			thất th	
ي الماري	sea i rojek, kont. The estary	11/20/2024			2024	
Si	gnature of Registered Agent		Date	) 	AOA	
If signing on b	chalf of an entity:				25	Marates Marates
Barbara Vogel				5 OF	P₽	
	Typed or Printed Name			т. С	PM 4: 1	(200
	* * * FILING F	EE: \$35.00 * * *		AIE	$\frac{1}{\omega}$	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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