516788

(Re	questor's Name)				
. (Ad	dress)				
,					
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
Certified Copies	Certificates	s of Status			
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Special Instructions to Filing Officer:					
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500293566935 12/27/16--01007--019 **25,00

02/07/17--01009--007 **10.00

17 JAN 30 PH 3: 38
SECRETARY OF STATE
TALLAHASSEE, FLORING

Ra Change

FEB 0 3 2017

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: AMOCICAN BACKFLOW PRODUCTS COMPANY Name of Corporation			
DOCUMENT NUMBER: 5/6788			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing	ıg.		
Please return all correspondence concerning this matter to the following:			
Name of Contact Person Amberian BackFrow Products Co. Firm/Company 7580 West Termessee Street Address Talianssee Florids. 32304 City/State and Zip Code Imark@backFrowparts.com E-mail address: (to be used for future annual report notification)	SECRETARY (F S)(A)	17 JAN 30 PM 3: 3(
E-mail address: (to be used for future annual report notification)	#1 - 4 · • •	U `	
For further information concerning this matter, please call:			
MARK TWAN Name of Contact Person at (850) 575-9618 Area Code & Daytime Telephore	ne Nur	nber	_

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 30, 2016

STEWART INMAN AMERICAN BACKFLOW PRODUCTS 7580 WEST TENNESSEE STREET TALLAHASSEE, FL 32304

SUBJECT: AMERICAN BACKFLOW PRODUCTS, COMPANY

Ref. Number: 516788

We have received your document for AMERICAN BACKFLOW PRODUCTS, COMPANY 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 Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

We will need an additional \$10.00.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 816A00027744

17 JAN 30 FN 1# 24

OFFICE CRAPTOR PARTY FALLORIDA

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

statement of cha	nge is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, tion organized under the laws of the c t or registered agent, or both, in the S	State of Fior: DA.
1. The name of t	he corporation: <u>America</u>	W BACKEROW PRODUCTS	Co
2. The principal		VEST TENNESSEE STO	27
	TACIAM	ISSE, FLA. 32304	
3. The mailing a	ddress (if different): 20.	Box 37025	
	TALLAL	USSET, Fu. 32315	
4. Date of incorp	ooration/qualification:	76 (vt.20) Document number:	516788
	street address of the current retment of State: (If resigned, en	egistered agent and registered office of ter resigned)	on file with the
	M. STEWART =	INMAN_	
	7580 WEST TEN	WESSET SMEET	
	TALLAMASSEE, F.	4. 32304	#SEC
6. The name and (if changed):	street address of the new regis	stered agent (if changed) and /or regi	stered office AND TANK
	MARK TUMA	ω	
	7580 WEST TEN	WESSLE SALET O. Box NOT acceptable	
	TAUAIUSSEE,	_	
The street addre	ess of its registered office and be identical.	the street address of the business of	fice of its registered agent,
	/ 1	y adopted by its board of directors of seen notified in writing of the cha	
m. St	world money re of an officer or director	Sizwaci Iv.	MSV
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered to comply with the provisions my duties, and I am familiar vis document is being filed mer that the corporation has been	l agent and agree to act in this capa of all statutes relative to the proper vith and accept the obligation of my ely to reflect a change in the registe notified in writing of this change.	
Mar	L	1-23	5-2017
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	yped or Printed Name	_ 	

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