

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
B0100000248

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(((H170001202463)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
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.

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OFFICE OF CORPORATIONS
17 MAY -2 AM 9:22

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2017 MAY -2 PM 1:23
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
PENTAIR VALVES & CONTROLS US LP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

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MAY 03 2017
J. HARRIS

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PentairValves&ControlsUSLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 7/11/2001 3. B01000000248
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CorporationServiceCompany
Name
1201 Hays Street, Tallahassee, FL 32301-2525
Address

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

CT Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)

Plantation, FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Sharlin Aldao Carrillo
Signature of General Partner

Sharlin Aldao-Carrillo, Manager of TV&C GP Holding, LLC, Its General Partner
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 liabilities of my position as registered agent.

James M. Halpin
Assistant Secretary
Jan M. DeJ
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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