F1300001892

(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:

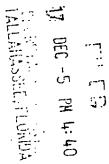
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: November 30, 2017

Order#: 935584-010

Re: US SPRINKLER, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

		.0502, 607.1508, or 617.1508, Florida Statutes rganized under the laws of the State of Georgi	
-		egistered agent, or both, in the State of Florida.	
1. The name o	f the corporation: U.S.SPRINKLER II	NC .	
2. The principa	al office address: 31 Patillo Road, Sto	ckbridge, GA 30281	
3. The mailing	address (if different):		
4. Date of incorporation/qualification: 04/30/2013 Document number: F13000001892			
	nd street address of the current registe partment of State: (If resigned, enter re-	red agent and registered office on file with the signed)	
	C T Corporation System		
	1200 South Pine Island Road		
			 PE1
6. The name at (if changed)	nd street address of the new registered	agent (if changed) and /or registered office	1
	Corporation Service Company	· · · · · · · · · · · · · · · · ·	PR F
	1201 Hays Street		B1: 5
P.O. Box NOT acceptable			
	Tallahassee	FL 32301	
The street add as changed wi	lress of its registered office and the st II be identical.	reet address of the business office of its regist	ered agent,
Such change value of authorized by	was authorized by resolution duly add the board, or the corporation has bee	pted by its board of directors or by an officer n notified in writing of the change.	so
RIST	MINO	Jeff Dennis, President	
I hereby accept further agree performance of agent. Or, if the hereby confirmance of the hereby confirmation.	of my duties, and I am familiar with a	statutes relative to the proper and complete nd accept the obligation of my position as reg reflect a change in the registered office addre	istered ess, I
By: ()	ignature of Registered Agent	11/30/2017 Date	
	pehalf of an entity:	L/MAKE	
Ami M. Caspe	er, Asst. Vice President		
	Typed or Printed Name		
	* * * 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)