

**F1400001593**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6380

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.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
PENTAIR SSC US CO.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 MAIL ADDRESS: TALLAHASSEE, FLORIDA

*Michg*  
MAY 03 2017

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

- 1. The name of the corporation: PentairSSCUSCo.
- 2. The principal office address: 5500WayzataBlvd.Ste.600,MinneapolisMN55416
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/29/2014 Document number: F14000004593

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)

CorporationServiceCompany  
1201HaysStreet,Tallahassee,FL32301-2525

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

CTCorporationSystem  
1200 South Pine Island Road  
 P.O. Box NOT acceptable  
Plantation,Florida33324

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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.

Sharlin Aldao C.  
 Signature of an officer or director

SharlinAldao-Carrillo, Secretary  
 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.*

By: James M. Halpin  
 Signature of Registered Agent

4/3/2017  
 Date

If signing on behalf of an entity:

James M. Halpin  
Assistant Secretary  
 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)