Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Account Name

; UNITED CORPORATE SERVICES, INC.

Account Number : I20140000108

: (914)949-9188

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Joey.kelley@unitedcorporate.com

REGISTERED AGENT CHANGE PUMPS IT, INC.

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Corporate Filing Menu

Help



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

statement of cha	inge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of egistered agent, or both, in the State of	Texas	-
	the corporation: PUMPS IT, IN	,		
2. The principal	office address: 220 W GERMA TH MEETING PA 19462	ANTOWN PK #250		<u> </u>
3. The mailing a	ddress (if different):			
4. Date of incor	poration/qualification: TX	Document number: F150	000001789	
	d street address of the current register tment of State: (If resigned, enter re	red agent and registered office on file visigned)	with the	
	INCORP SERVICES, INC). 		
	17888 67TH COURT NO	RTH	_	
	LOXAHATCHEE, FL 334	70	-	
6. The name and (if changed):	d street address of the new registered	l agent (if changed) and /or registered of	Zee NOV 19	
	United Corporate Service	s, Inc.	ا ا اعلام	
	3458 Lakeshore Drive			E0
	P.O. Both Tallahassee, Florida 323	NOT acceptable	N N	
			- 2	
The street address changed will	ess of its registered office and the si be identical.	treet address of the business office of	its registered age	nt,
Such change we authorized by the	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an in notified in writing of the change.	officer so	
/s/Wendy Rus	salesi,	Wendy Russalesi, CCC		_
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered ager to comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. statutes relative to the proper and co and accept the obligation of my position or effect a change in the registered off	mplete on as registered	
/s/Michael A	· = = · ·	11/18/21		<u>.</u> '
_	nature of Registered Agent half of an entity:	Date		
	yped or Printed Name			

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