

F150000004075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

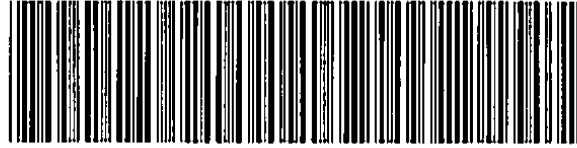
(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900376226789


FILED
2021 NOV 15 AM 8:56
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED
2021 NOV 15 PM 3:37
TALLAHASSEE, FLORIDA

Y SULKER

NOV 16 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I200000000195
REFERENCE : 244830 7566693
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : November 15, 2021
ORDER TIME : 1:58 PM
ORDER NO. : 244830-005
CUSTOMER NO: 7566693

CHANGE OF AGENT

NAME: GRIFFCO VALVE INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Griffco Valve Inc.
Name of Corporation

DOCUMENT NUMBER: F15000004075

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Moy

Name of Contact Person

Paul Hastings LLP

Firm/Company

71 S. Wacker Drive, 45th Floor

Address

Chicago, IL 60606

City/State and Zip Code

apetri@pfingsten.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Moy

Name of Contact Person

at (312) 499-6086

Area Code & Daytime Telephone Number

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: Griffco Valve Inc.
2. The principal office address: 188 Creekside Drive, Amherst, New York 14228
3. The mailing address (if different): _____
4. Date of incorporation/qualification: September 15, 2015 Document number: F15000004075
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)

Colin Black

5 Sunset Captiva LN, P.O. Box 336

Captiva

FL 33924

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

Ken J. Hessevick
Signature of an officer or director

Ken J. Hessevick, Vice President and 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.

Corporation Service Company
By Alexxis Weiland, assistant vice president
Signature of Registered Agent

11/15/2021

Date

If signing on behalf of an entity:

Alexxis Weiland

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 (04/13)

FILED
2021 NOV 15 AM 8:56
CLERK OF THE
DIVISION OF
CORPORATIONS
TALLAHASSEE, FL