

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 205-0380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092 Fax Number : (850)222-9428

REGISTERED AGENT CHANGE

PRO-FIT PIPING COMPONENTS, INC.

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

PLOOS - WEITTOI CT System. Online

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, the undersigned corporation organized under the laws of the State of New Joseph					
	following statement in orde		red office or registered agent, or	both, in	
1. The name	of the corporation : Pro-Fit	Piping Components, Inc.			
2. The maili	ng address of the corporation	on: 4579 Lewis Road, Su	one Mountain, GA 30083		
3. Date of in	ncorporation/qualification:	March 12, 1996	Document number: P960000012	76	
4. The name	and address of the current	registered agent and of	fice: ఉల్ల	03	
	United Corporate Services,	Inc.		03 JUL	
	9200 South Dadeland Blvd.	Suite 508			
	Mismi, FL 33156			The Can	
5. The name		istered agent (if change P. O. Box Not Acceptai	ed) and/or registered office (if char	iged). S	
•	CT Corporation System			(D)	
	c/o C T Corporation System	, 1200 South Pine Island R	oad,	·	
	Plantation, Plorida 33324				
The street as	ddress of its registered offic anged, will be identical.	ce and the street addre	ss of the business office of its reg	stered	
-	· ·	ion duly adopted by its	board of directors or by an office	er so	
Authorized 6		2	_		
(Signal	ture of an officer, chairman or fice	Hairman of the board)	July 9/0 3	<u></u>	
MAKE	(Printed or typed name at	=771117			
Having hear	named as registered agen I hereby accept the appoint ee to comply with the prove	t and to accept service ntment as registered a isions of all statutes re niliar with and accept	of process for the above stated gent and agree to act in this capa lative to the proper and complete the obligation of my position as	city.	
CT Cocorati		Jeffrey R. Graves Assistant Secretar	•		
	(Mghailire of Registred Agent)		(Date)		
If signing on be	chalf of an entity:				
	(Typed or Printed Name)		(Capacity)	_	
	***	FILING FEE: \$35.00	} * * *		
CR2E045(9/00)					
	Division of Corporations	P.O. Box 6327	Tallahabsee, FL 32314		