

F99000001215

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000173120 3)))



H100001731203ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

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

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
10 JUL 30 PM 1:39

REGISTERED AGENT CHANGE  
PENTAIR WATER POOL AND SPA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RA/Rolch  
@ 7/30/10

RECEIVED  
2010 JUL 30 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PENTAIR WATER POOL AND SPA, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F99000001215

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:

Karla Stockman  
Name of Contact Person

Pentair Inc.  
Firm/Company

5500 Wayzata Blvd., Suite 800  
Address

Golden Valley, MN 55416-1259  
City/State and Zip Code

karla.stockman@pentair.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karla Stockman at ( 763 ) 545-1730  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailng Address:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of the corporation: PENTAIR WATER POOL AND SPA, INC.
2. The principal office address: 1620 HAWKINS AVENUE, SANFORD, NC 27330
3. The mailing address (if different): 5500 WAYZATA BLVD., SUITE 800, GOLDEN VALLEY, MN 55416

4. Date of incorporation/qualification: 03/04/1999 Document number: F99000001215

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)

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE SUITE 4  
WESTON, FL 33331 US

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

CT Corporation System  
c/o CT Corporation System, 1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE  
JUL 30 PM 1:30

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.

Sharilyn Aldao  
Signature of an officer or director

Sharilyn Aldao, Vice President  
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: Rebecca Barth  
Signature of Registered Agent

7/29/2010  
Date  
Assistant Secretary  
Rebecca Barth

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR28045 (8/05)