## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000002660 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

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.\*\*

## LLC REGISTERED AGENT CHANGE FILTER PRO LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 1	Name of the limited liability company: FILTER PRO LL	LC
2. (a	,	(b)
(u	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)
	13805 Monroes Business Park	13805 Monroes Business Park
	Tampa, FL 33635	Tampa, FL 33635
	09/21/2009	L09000091476
3.	Date of filing/registration in Florida	4. Document number
5. (8	n	
J. (.	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of State:
	DAVID E SWAIN	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESSI
	13805 Monroes Business Park	
	Tempa	L 33635
	C.T. Cornoration System	
(b	Enter same of NEW Resistered Agent and/or NEW Registered	d Office address:
		SEE SEE
	NEW Registered Office Address:	
	1200 South Pine Island Road	5. S.
		PATE OS
	Plantation , FI	L 33324
the cl agent was/v the ar	nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company.  Steve Rist
Sign	sture of a member of authorized representative of a member	Printed or typed name of signee
I her provide the order to me notific CTC By:	eby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I end in writing of this office.  Corporation System	gree to act in this capacity. I further agree to comply with the e performance of my dulies, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Signa	ture of Registered Agent therine Lackey - Asst. Secretary	
Na.	Division of Corporations P.O.	Box 6327+ Tallahassee, FL 32314
	FILING F	FEE: \$25.00

INHS18 (2/14)