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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)878-536B

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Email Address:

LLC REGISTERED AGENT CHANGE U.S. PIPE VALVE & HYDRANT, LLC

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PAGE 01/02

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12/5/2012

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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 608.416 or 608.508, 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. Name of the limited liability company: U.S. PIPE VAL	VE & HYDRANT, LLC		
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 500 WEST ELDORADO STREE DECATUR IL 62522	Ţ	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	500 WEST ELDORADO STREE DECATUR IL 62522	T	
02/18/2009	M09000000667		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dep	ot. of State:	
Registered Agent:	CORPORATION SERVICE CO	MPANY	
Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301-2523		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address	SSEE TO	
NEW Registered Agent:	C T Corporation System	ر با 🕦 🚉 با	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road	0.1 ki	
	Plantation	,FL 33324	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member			
Nichol McCroy Printed or typed name of signee			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability composite. By: -WX-Diff Kristin Bolden	l agree to act in this capacity. I proper and complete performan position as registered agent as i nerely reflect a change in the re any has been notified in writing	further agree to ce of my duties, provided for in gistered office of this change.	
Signature of Registered Agent Assistant Secretary			
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INH\$18 (05/08)

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