10/18/2017

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H17000274204 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 : (512)418-6949

Fax Number

: (954)208-0845

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

Email	Address:	:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PENTAIR SALES US, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

TO:

Registration Section

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COVER LETTER

Division of Corporations	s .
SUBJECT: Pentair Sales US, LLC Name of Foreign L	imited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Katie Lackey Nama of Person	
CT Corporation Firm/Company	8 - 18 - 19 - 19 - 19 - 19 - 19 - 19 - 19
120 South Central, S	aite 400
Clay for, Mo 63105 City/State and Zip Code	
emersonlegal@emerson.com E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, ple KIM Oltas tead at Name of Person	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Certificate of Status	□ \$55 Filing Fee & □ \$60 Filing Fee, Certified Copy Certified Copy
CR2F055 (12/14)	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the	Florida Department of
State: Pentair Sales US, LLC	
2. The Florida document number of this limited liability company is: M14000	007873
3. Jurisdiction of its organization: Delaware	· · · · · · · · · · · · · · · · · · ·
4. Date authorized to do business in Florida: 10/29/2014	
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company: Emerson Automation Solutions Fin (must contain "Limited Liability Compa	nal Coutrol, LLC uny, ""L,L,C,," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida an consent of the managers or managing members adopting the alternate name. The alternate name must company," "L.L.C." or "LLC.")	id attach a copy of the written ontain "Limited Liability
6. If amending the registered agent and/or registered office address on our rec	ords, enter the name of
Name of New Registered Agent:	
New Registered Office Address: Enter Florida Street Addr	
_	
City	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this comply with the provisions of all statutes relative to the proper and complete duties, and I am familiar with and accept the obligations of my position as reprovided for in Chapter 605, F.S. Or, if this document is being filed to merely registered office address, I hereby confirm that the limited liability company is writing of this change.	performance of my gistered agent as reflect a change in the
If Changing Registered Agent. Signature of New Regis	tered Agent
7. If the amendment changes the jurisdiction of organization, indicate new ju	risdiction:
	CT 18

iry

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
MGR	Johnny Ellis	5500 Wayzata Blud. Minneapolis, MN 554	
MGR	angela D. Tilek	5500 Wayzata Blva. Minpeapelis, MN 55411	
MGR.	Mark Borin	5500 Wayzata Blvd Minneapolis, MN 554	
Accident	John P. Wilson	205 S. Center St. Marshalltown, IA	
Secretary	Steven A. Chelesnik	8000 Norman Center Bloomington, MN 55	Dr. Add

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative	三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三
Steven A. Chelesnik	S 8
Typed or printed name of signee	7 T
Filing Fee: \$25.00	SEE, F
	STA.

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PENTAIR SALES US, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "EMERSON AUTOMATION SOLUTIONS FINAL CONTROL, LLC" ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2017, AT 1:47 O'CLOCK P.M.

Д

Authentication: 203412843

Date: 10-17-17