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.

(((H170001202323)))



H170001202323ABCS

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)617-6383

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:__

OLTHAY -2 PH 1:28 Sture Day & FLORID ALLAHASSET FLORID

LLC REGISTERED AGENT CHANGE PENTAIR VALVES & CONTROLS, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

OLI MAY -2 AM 9 06 SECRETARY OF STATE ALLAHASSEE, FLORID,

Electronic Filing Menu

Corporate Filing Menu

Help

çĪ,

K. SALY

MAY - 3 2017

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.

| | ame of the limited liability company: PentairValvese | |
|--|---|---|
| 2. (a) | | (b) |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) |
| | 10707CLAYRDSUITE200 | 5500WayzataBlvd.Ste.600,MinneapolisMN55416 |
| | HOUSTON,TX77041 | |
| | 2/3/2015 | M15000001062 |
| | Date of filing/registration in Florida | 4. Document number |
| . (a) | | |
| | Registered Agent and Registered Office shown on the records o CorporationServiceCompany | f the Florida Dept. of State: |
| | Registered Office Address [MUST BE FLORIDA STREET | 'ADDRESS) |
| | 1201HaysStreet | PE I n |
| | Tallahassee, F | 32301-2525 |
| | , r | 一 |
| (b) | | Siz I |
| (0) | Enter name of NEW Registered Agent and/or NEW Registere | d Office address: |
| | CTCorporationSystem | TALLAHASSEE, FLORIDE |
| | NEW Registered Office Address: | |
| | 1200SouthPinelslandRoad | |
| | Plantation | , 33324 |
| | Plantation , F | L |
| the l | imited liability company is not organized under the la | iws of the State of Florida, it is hereby confirmed that after |
| e cha gent v | will be identical. Or, in the case of a Florida limited l | of the registered office and the business office of the registered lability company, it is hereby confirmed that the change(s) |
| as/wo | ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the limited liability company or as otherwise provided in |
| ic aire | | SharlinAldao-Carrillo |
| Signa | ture of a member or authorized representative of a member | Printed or typed name of signee |
| _ | by accept the appointment as registered agent and as | gree to act in this capacity. I further agree to comply with the |
| l herei rovisi he obl o mere otified | ions of all statutes relative to the proper and complete ligations of my position as registered agent as provid ely reflect a change in the registered office address, l d'in writing of this change. A | te performance of my daties, that rain juminar with that accept lead for in Chapter 603, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been |
| therei rovisi he obl mere otified CTC | ions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, to it in writing of this change. It is address, to protation System | gree to act in this capacity. I further agree to comply with the e performance of my dutien, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filled hereby confirm that the limited liability company has been James M. Halpin Assistant Secretary |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00