

10/2/2017

Division of Corporations

M1500001062

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.

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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 VALVES & CONTROLS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

2017 OCT -2 PM 2:25

DATA SOURCE: 11/03/17

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OCT 03 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pentair Valves & Controls, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katie Lackey
Name of Person

CT Corporation
Firm/Company

120 South Central Ave., Suite 400
Address

Clayton, MO 63105
City/State and Zip Code

emersonlegal@emerson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Ohmstead at (314) 553-2438
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2F055 (9/15)

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 Valves & Controls, LLC

Enter new principal office address, if applicable: 8100 West Florissant Ave.

St. Louis, MO 63136 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 8100 West Florissant Ave.

St. Louis, MO 63136 (Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000001062

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: 02/05/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Vulsub II, LLC (must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address: Enter Florida Street Address

City Florida 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 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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Angela D. Jilok	5500 Wayzata Blvd, Suite 600	<input type="checkbox"/> Add
		Minneapolis, MN 55416	<input checked="" type="checkbox"/> Remove
MGR President	Dennis Cassidy	5500 Wayzata Blvd, Suite 600	<input type="checkbox"/> Add
		Minneapolis, MN 55416	<input checked="" type="checkbox"/> Remove
Treasurer	Mark Boric	5500 Wayzata Blvd, Suite 600	<input type="checkbox"/> Add
		Minneapolis, MN 55416	<input checked="" type="checkbox"/> Remove
Secretary	Jason Stokes	5500 Wayzata Blvd, Suite 600	<input type="checkbox"/> Add
		Minneapolis, MN 55416	<input checked="" type="checkbox"/> Remove
President	Terry D. Buzbee	301 South 1st Avenue	<input checked="" type="checkbox"/> Add
		Marshalltown, IA 50158	<input type="checkbox"/> Remove

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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
 Steven A. Chelesnik

 Typed or printed name of signee

Filing Fee: \$25.00

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Secretary	Steven A. Chelesnik	8000 Norman Center Drive	<input checked="" type="checkbox"/> Add
		Bloomington, 55437	<input type="checkbox"/> Remove
Asst. Sec	Wenqian Z. Butcher	2200 Emerson Way	<input checked="" type="checkbox"/> Add
		McKinney, TX 75070	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 8:40 AM
 STATE OF MINNESOTA
 DIVISION OF REVENUE

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

Steven A. Chelesnik

Typed or printed name of signee

Filing Fee: \$25.00

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Rolando B. Pablos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on September 27, 2017, Pentair Valves & Controls, L.L.C., a Domestic Limited Liability Company (L.L.C.) (file number 802125997), changed its name to Vulsub II, L.L.C.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 29, 2017.



A handwritten signature in black ink, appearing to read "Rolando B. Pablos".

Rolando B. Pablos
Secretary of State