

5/10/2018

Division of Corporations

M1500009984

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM
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Phone : (614)280-3338
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
NILFISK PRESSURE-PRO LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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Corporate Filing Menu

MAY 11 2018
J. HARRIS
Help

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. Name of the limited liability company: NILFISK PRESSURE-PRO LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
7300 COMMERICAL CIRCLE
FORT PIERCE, FL 34951

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
9435 Winnetka Avenue N
Brooklyn Park, MN 55445

3. 12/14/2015 Date of filing/registration in Florida

4. M15000009984 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
PRESSURE-PRO, INC.

Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)
7300 COMMERICAL CIRCLE
FORT PIERCE, FL 34951

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NRAI Services, Inc.
NEW Registered Office Address:
1200 South Pine Island Road
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.

Jamie Loch Signature of a member or authorized representative of a member

Jamie Loch Printed or typed name of signee

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.

By: Agnes Broszczak Asst Secretary
Signature of Registered Agent

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

INHS18 (2/14)

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2018 MAY 10 PM 1:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA