9600002902

(Requestor's Name)			
(Address)			
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(Address)			
(City/State/Zip/Phone #)			
(Otty/State/Zipir-Holle #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	_		
(Document Number)			
Certified Copies Certificates of Status			
Certified Copies Certificates of Status	-		
Sancial last watings to Siling Officer	7		
Special Instructions to Filing Officer.			
J.Dennis			
11/20/24			
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: F. J. Nugent & Associates, Inc.				
Name of Corporation				
DOCUMENT NUMBER: P96000029025				
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
·				
Lisa M. Conner				
Name of Contact Person				
Hirschler Fleischer				
Firm/Company				
2100 East Cary Street				
Address				
Richmond, VA 23223				
City/State and Zip Code				
slawson@flowcontrolgroup.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Lisa M. Conner	at (804) 771-5677 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida ered agent, or both, in the State of Florida.
1. The name of	the corporation: F. J. Nugent & Asociates	i, Inc.
2. The principal	office address: 3915 Shopton Road, Charle	otte, NC 28217
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 04/03/1996	Document number: P96000029025
	d street address of the current registered a rtment of State: (If resigned, enter resigned	gent and registered office on file with the ed)
	Fred J. Nugent (resigned)	
	1343 Grace View Ct	
	Longwood, FL 32750	24 NO
6. The name and (if changed):	d street address of the new registered age	
	C T Corporation System	아 STA 유 STA
	1200 South Pine Island Road	第4 ¹ 1
	P.O. Box	NOT acceptable
	Plantation, Florida 33324	
The street addre	ess of its registered office and the street be identical.	address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.
HP.	o lavi	Fabrizio Rasetti, Chief Legal Officer/VP/Secretary
\ -	re of an officer or director	Printed or typed name and title
I hereby accept I further agree to of my duties, and document is bei corporation has	the appointment as registered agent an to comply with the provisions of all stat id I am familiar with and accept the obl ing filed merely to reflect a change in th s been notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
Father 1.	abdion	11/20/2024
	nature of Registered Agent	Date
If signing on be	half of an entity:	
Kathryn A	. Widdoes- Assistant Secretary	1
T	yped or Printed Name	
	* * * FILING FE	E: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

By: