P980000077234

| (Requestor's Name) | |
|------------------------------------------------------------|--------------------------|
| (Address) | 000262739790 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | 08/14/1401019016 **35.00 |
| (Document Number) Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only

RO 8.21.14

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|-----------------------------------------------------------------------------------------------------------------------------|--|
| SUBJECT: Allpure Filtration Name of Corporation | |
| DOCUMENT NUMBER: P980000 27234 | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Jeffrey J. Poulos Name of Contact Person | |
| ALL pure Filtration Firm/Company | |
| 143 Mahogany Drive | |
| Naples FL 34108 City/State and Zip Code | |
| i eff @ allpure filtration, com E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Teffrey J. Poulos at (239) 540-8550 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 Street Address: Amendment Section Division of Corporations | |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

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

| statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. The name of the corporation: Allpure Filtration, NC |
| 2. The principal office address: 143 Mahogany Orive |
| Naples FL 34108 |
| 3. The mailing address (if different): Same as above |
| 4. Date of incorporation/qualification: 3/3/98 Document number: P980000 27234 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| |
| 5013 S.W. 26th PLace |
| Jeffrey J. Poulos 5013 S.W. 26th Place Cape Coral, FL 33914 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Teffrey J. Poulos |
| Jeffrey J. Poulos |
| 143 Mahagany Drive P.O. Box +10T acceptable |
| Naples, FL 34108 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| Signature of an officer or director Printed or types name and title |
| 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Signature of Registered Agent 8-7-14 Date |
| If signing on behalf of an entity: |
| |
| Typed or Printed Name |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *