F00000006491

· ·					
(Requestor's Name)					
(Address)					
(Address)					
. (City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
·					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					

Office Use Only



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03/09/09--01054--019 **140.00

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2009 MAR -9 AM 9: 34

SECRETARY OF STATE
TALLAHASSEF FINALE

TB 3/1/19



Corporate Filing Transmittal Form

To: Order #:	Florida COA-9007		From: Date:	Cathi Wall March 2, 2009				
Target Na				· ···· -, - · · ·	Dom Juris			
Mechanical Breakdown Protection, Inc.					MO			
Vehicle Protection, Inc.					MO			
MBP Fina	nce, Inc.			,	МО			
MBP Net	work, Inc.				FL			
Attached for filing, please find the following:								
Change of Registered Agent								
	urn the original evi	dence to the followi	ng:					
Cathi Wall								
	orporate Services, l itre Court, Suite 5	inc.						
	lle, IL 62025							
Special Instructions/Notes:								
Thenlesses	.1							
Thank you	!							
Please Sen	d Via:							
☐ Email:		Fax:	FedEx	⊠ Ma	il			

Please contact us at (866) 416-6274 with any questions, problems or delays. Thank you for your assistance!



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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stornge is submitted for a corporation organized under the laws of the State of \underline{M} are to change its registered office or registered agent, or both, in the State of Flor	0	<u> </u>		
1. The name of t	the corporation: Mechanical Breakdown Protection, Inc.	· · · · · ·			
2. The principal	office address: 250 NE Mulberry		<u></u>		
Lee's Sum	nmit, Missouri 64086				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 11/14/00 Document number: F00000	00649 ⁻	1		
5. The name and	d street address of the current registered agent and registered office on file with timent of State:				
	CT Corporation System				
	1200 South Pine Island Road				
	Plantation, FL 33324	SECT	2009 MAR	unkgr	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	RETARY HASSE	AR -9		
	NRAI Services, Inc.	0F S	R		
	2731 Executive Park Drive, Suite 4	LORI	မှ ပ	•	
	(P.O. Box NOT acceptable)	E A	ဍ		
	Weston, FL 33331				
The street addre	ess of its registered office and the street address of the business office of its be identical.	registere	d agent,		
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	fficer so			
Y Signatu	George Meiners, Chief Financial Officer (Printed or typed name and title)				
I further agree if of my duties, an document is being comporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby seen notified in writing of this change. Continued to the provision of the property of the property of the provision of the property of the provision of th	olete perfe agent. C confirm	ormance or, if this that the	1	
If signing on be	chalf 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
CR2E045 (8/05)

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