## 102000004146

· (R	equestor's Name)	
(A	ddress)	
. (A	ddress)	
, i- (C	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(B	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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SECRETARY OF STATE

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PACH



**US CorpWorks Inc.** 23 Butler Avenue Maynard, MA 01754 www.uscorpworks.com

Phone: 888.967.5799 Fax: 978.897.5905

March 31, 2008

## Via US Mail

Division of Corporations Florida Department of State PO Box 6327 Tallahassee, FL 32314

Re: Asurion Roadside Assistance Services, Inc.

Asurion Insurance Services, Inc.
Asurion Warranty Services, Inc.
Asurion Credit Protection Services, LLC
Asurion Protection Services, LLC
Asurion Warranty Protection Services of Florida, LLC
Asurion Florida Warranty Services, Inc.
Warranty Corporation of America
Wireless TLC; Inc.

To Whom It May Concern:

Enclosed for filing in your office are the following document(s) along with a check covering your fees:

## Change of Registered Agent

Please call the toll-free number listed above if for any reason, the filing(s) can not be made.

Thank you for your time and consideration in this matter.

Sincerely,

Sabrina Tillapaugh

## 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 Statutes nge is submitted for a corporation organized under the laws of the State of <u>Washing</u> r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Asurion Warranty Services, Inc.	
	office address: 648 Grassmere Park, Suite 300, Nashville, TN 37211-365	8
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 08/15/2002 Document number: F02000004	1146
5. The name and	street address of the current registered agent and registered office on file with the tment of State:	
	Corporation Service Company	OB H
	1201 Hays Street	ALL AND
	Tallahassee, FL 32301	7 PH SSEE
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	08 HAY -7 PM 3: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	NRAI Services, Inc.	Þ
	2731 Executive Park Drive, Suite 4	
	(P.O. Box NOT acceptable) Weston, FL 33331	
The street addre	ess of its registered office and the street address of the business office of its registered be identical.	tered agent,
<del>-</del>	as authorized by resolution duly adopted by its board of directors or by an officence board, or the corporation has been notified in writing of the change.	
Marie	Sabrina Tillapaugh, Vice Preside (Printed or typed name and title)	ent
(, /, · · ·	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 complete paid I am familiar with and accept the obligation of my position as registered agen ng filed merely to reflect a change in the registered office address, I hereby confiber notified in writing of this change.	performance t. Or, if this irm that the
/ apreu	gnature of Registered Agent)  03 31 08 (Date)	
	shalf of an entity:	
	apaugh, Asst. Secretary	
	Typed or Printed Name)	

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