F10000003978

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: THE GUARDIAN WARRANTY CORPORATION

Name of Corporation

OCUMENT NUMBER: F10000003978

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:

Samantha Campbell

Name of Contact Person

Registered Agent Solutions

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

clientservices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Campbell

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705-7274

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
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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, F inge is submitted for a corporation organized under the laws of the St r to change its registered office or registered agent, or both, in the St	ate of _	PA	this ——	_
1. The name of t	the corporation: THE GUARDIAN WARRANTY CORPO	DRAT	ION		
	office address: SHOWROOM LEVEL, 40 COAL STRE BARRE, PA 18702	ET			
3. The mailing a	address (if different): P.O. BOX 7900, WILKES-BARRE,	PA 18	3773		
4. Date of incorp	poration/qualification: 09/03/2010 Document number: F	10000	00039	78	
	I street address of the current registered agent and registered office or tment of State: (If resigned, enter resigned)	n file wi	th the		
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION, FL 33324			$\vec{\omega}$	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered	ered off	ice	JUN 12	-
	Registered Agent Solutions, Inc.		•	5	2000
	155 Office Plaza Dr. Suite A		3 1 11.	? 3	-
	Tallahassee, FL 32301		دار) داما	- 1	
The street addre	ess of its registered office and the street address of the business office be identical.	ce of its	registe	red ag	ent,
	as authorized by resolution duly adopted by its board of directors or ne board, or the corporation has been notified in writing of the chan				
Valle	Jaclyn Wright, Attorney !n Fact of The Guardian Warranty Con Printed or typed nar	for Jonal poration	than Cou		-
I further agree to performance of agent. Or lifth	the appointment as registered agent and agree to act in this capacity comply with the provisions of all statutes relative to the proper a my duties, and I am familiar with and accept the obligation of my pit document is being filed merely to reflect a change in the registered that the corporation has been notified in writing of this change.	nd composition	as regi	stered ss, I	
Trave	b/1/20,	15_			_
71	hature of Registered Agent Date				
·	chalf of an entity:				
Purity Mbog	yped or Printed Name				

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

SPECIAL LIMITED POWER OF ATTORNEY

i, Jonathan Couch	, the duly authorized <u>CFO/Sec</u>	cretary of GWC Warranty Corporation	
(Company), a Corporation	formed under the lav	iws of <u>Pennsylvania</u> , does hereby ma and each duly authorized representative	
		ity Mbogo, and/or Adam Saldaña, as my t	
· ·		rity for me, as an authorized officer/direct	
- '	• • • • • • • • • • • • • • • • • • • •	and any subsidiaries as shown on the nd any subsidiaries and in the name of	
* * * * * * * * * * * * * * * * * * * *		ge in their registered agent, registered off	
and/or the agent and office of s	-		
exercise the power of Vice Pro	esident and Purity Mbogo or Company and any subsidiari	purposes set forth above, Jaclyn Wright s r Adam Saldaña shall exercise the powe ries having managers or other positions d with such authority as is required to ef	r of s of
This Special Limited Power of	f Attorney shall be effective	e as of the date set forth below and s	shall
		he Company may revoke this Special Lim	
• •	· · · · · ·	urity Mbogo, and/or Adam Saldaña.	
IN WITNESS WHEREOF, I, Jonat	than Couch have set m	my hand this 21 ST day of MAY 201	L 5 .
Val			
Signature)			
Name: Jonathan Couch			
Title: <u>CFO/Secretary</u>			
State of PENNSY LVAN	(A		
County of LUZERNE	_		
On MAY 21 2015 personally appeared Jonathan		ed, a Notary Public in and for said St	
		be the person whose name is subscribe	
		e or she executed the same in his or	
	•	ne instrument the person, or the entity u	ıpon
behalf of which the person actor		,	
Witness my hand and official se	- A:		
Kelle Vincian	elle	COMMONWEALTH OF PENNSYLVANIA MOTARIAL SEAL	
Signature		KELLI VINGIARELLI Notary Public	
Notary Public:	Military to the state of the st	CITY OF WILKES BARRE, LUZERNE COUNTY	