## F97000002519

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	<del></del>
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3 MAY -7 PM 2:56 ECRETARY OF STATE LAHASSEE, FLORID

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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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Tennessee in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Asurion Insurance Services, Inc.
2. The principal office address: 648 Grassmere Park, Suite 300, Nashville, TN 37211
3. The mailing address (if different):
4. Date of incorporation/qualification: 05/12/1997 Document number: F9700002519
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Corporation Service Company
1201 Hays Street
Tallahassee FI 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
(P.O. Box NOT acceptable) Weston, FL 33331
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.
Sabrina Tillapaugh, Vice President (Printed or typed name and title)
Thereby 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)  (Date)
If signing on behalf of an entity:  Sabrina Tillapaugh, Asst. Secretary

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

(Typed or Printed Name)