	(Paruatada Nama)
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	

L. SELLERS

APR 28 2009

EXAMINER

Office Use Only



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NATIONWIDE REGISTERED AGENT, FILING, RESEARCH AND LIBRARY SERVICES

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April 22, 2009

FL Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Dealer Warranty Services, LLC (dba in Florida as Certus Assuarnace Group, LLC)

Dear Sir or Madam,

Enclosed are executed duplicate Statement of Change of Registered Office of Registered Agent of Both for the above-referenced entity. I have attached a check (#1875) for \$25 payable to the Florida Division of Corporations to cover the filing fees.

Once filed, kindly send to my attention via regular mail a plain copy of the filed evidence to my attention at the address listed on this letterhead.

Should you have any questions, feel free to call or email me at tmackay@nationalcorp.com.

With all good wishes,

TonyMackay

Branch Manager

WEB SITE: WWW.NATIONALCORP.COM

E-MAIL: INFO@NATIONALCORP.COM

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	CERTUS ASSURANCE GROUP, LLC		
2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)	npany: 3710 MUELLER RD ST CHARLES MO 63301-8011		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3710 MUELLER RD ST CHARLES MO 63301-8011		
4/19/09	M0900001415		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office show Registered Agent:	n on the records of the Florida Dept. of State: CORPORATION SERVICE COMPANY		
Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301-2525		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST RE FLORIDA STREET ADDRESS) 515 East Park Avenue			
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) Anthony E. Mackay			
(Printed or typed name of signee)			
am familiar with and accept the obligations of my post F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been not confirm that the linitial liability company has been not confirm that the limited li	ne prõper and complete pertormance of 🕬 duti🗪 and 🛭		