

# PO2 000061735

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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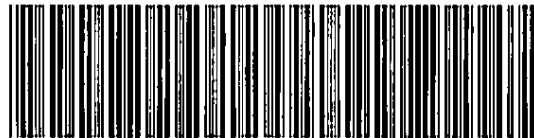
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

SEP 18 2019

T SCHROEDER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Phoenix American Holdings, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P02000061735

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:

Frank Cusimano

Name of Contact Person

Phoenix American Warranty Company, Inc.

Firm/Company

6303 Blue Lagoon Drive, Ste 225

Address

Miami, FL 33126

City/State and Zip Code

compliance@phoenixec.com

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

For further information concerning this matter, please call:

Frank Cusimano

Name of Contact Person

at ( 305 ) 266-5665

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**

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Phoenix American Holdings, Inc.

2. The principal office address: 6303 Blue Lagoon Drive, Suite 225, Miami FL 33126

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/04/2002 Document number: P02000061735

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Katherine T. Aponte  
6303 Blue Lagoon Drive, Suite 400  
Miami, FL 33126

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Katherine T. Aponte  
6303 Blue Lagoon Drive, Suite 225  
Miami, FL 33126

P.O. Box NOT acceptable

STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
19 SEP - 3 AM 9:51  
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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.

Katherine T. Aponte  
Signature of an officer or director

Katherine T. Aponte - CFO  
Printed or typed name and title

*I hereby 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.*

Katherine T. Aponte  
Signature of Registered Agent

August 29, 2019  
Date

If signing on behalf of an entity:  
Katherine T. Aponte  
Typed or Printed Name

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