I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHERINE T APONTE

Electronic Signature of Signing Officer/Director Detail

PD BROOKS, R. STEVEN 6303 BLUE LAGOON DRIVE, SUITE 225

MIAMI FL 33126

Electronic Signature of Registered Agent

Title	ST
Name	APONTE, KATHERINE T
Address	6303 BLUE LAGOON DRIVE, SUITE 225
City-State-Zip:	MIAMI FL 33126

SECRETARY

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Current Mailing Address:

6303 BLUE LAGOON DRIVE SUITE 225 MIAMI, FL 33126 US

Current Principal Place of Business:

FEI Number: 59-2551669

Name and Address of Current Registered Agent:

APONTE, KATHERINE T 6303 BLUE LAGOON DRIVE SUITE 225 MIAMI, FL 33126 US

Officer/Director Detail :

SIGNATURE:

Title

Name

Address

City-State-Zip:

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M17220

6303 BLUE LAGOON DRIVE

SUITE 225 MIAMI, FL 33126

Entity Name: PHOENIX AMERICAN WARRANTY COMPANY, INC.

FILED Mar 03, 2020 Secretary of State 2021495021CC

Certificate of Status Desired: No

03/03/2020

Date