

2017-03-07 12:25:53 CST

19542080845 From: Ranae McGraw

371974

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H170000635803)))



H170000635803ABCJ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

*McGraw*

MAR 08 2017

R. WHITE

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**REGISTERED AGENT CHANGE  
UNITED STATES WARRANTY CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

17 MAR -7 PM 2:02

17 MAR -7 AM 9:51

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** UNITED STATES WARRANTY CORP.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** 374974

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:

Karen Barger

\_\_\_\_\_  
Name of Contact Person

Protective Life Corporation

\_\_\_\_\_  
Firm/Company

2801 Highway 280 South, 3-4 LE

\_\_\_\_\_  
Address

Birmingham, AL 35223

\_\_\_\_\_  
City/State and Zip Code

malcazar@uswarranty.com

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

For further information concerning this matter, please call:

Karen Barger

205

268-3061

at ( )

\_\_\_\_\_  
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

CR2E045 (03/12)

**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: UNITED STATES WARRANTY CORP.
2. The principal office address: no change
3. The mailing address (if different): no change

4. Date of incorporation/qualification: 12/29/1970 Document number: 374974

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)

DAVIS III, WILLIAM

22 NE 22ND AVE POMPANO BCH., FL 33062

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Felicia M. Lee  
Signature of an officer or director

Felicia M. Lee, Assistant Secretary  
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.*

By: C T Corporation System  
[Signature]  
Signature of Registered Agent

3/7/2017

Date

If signing on behalf of an entity:

Alfred Younan  
Typed or Printed Name  
**Assistant Secretary**

FILED FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)