

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.

(((H04000030547 3)))

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)205-0380

From:

: CORPORATE & CRIMINAL RESEARCH SERVICES Account Name

Account Number : 110450009714 Phone ; (050)222-1173 Fax Mumber

: (850)224-1640

0715.23454

REGISTERED AGENT CHANGE

WARRANTEE WISE, INC.

	AM 11:57	JRPORATIONS
RECEIV	04 FEB 11	DIVISION OF CORPORATIONS

Certificate of Status	0	
Certified Copy	0	
Page Count	01	
Estimated Charge	\$35.00	

Electronic Filing Menu.

Comparate Filing

Public Access Help

11:51

H040000305473

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	17.0502, 607.1508, or 617.1508, Florida Statutes, t nder the laws of the State of <u>Colorado</u>	his statement of in order
	gistered office or registered agent, (ats Drugg
1. The name of	the corporation: Warrantee Wise	, Inc.	
		ce Avenue, Suite 400W, Greenwood Village, Co	80111
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: May 7, 200	Document number: F0300002310	
	d street address of the current regist riment of State:	ered agent and registered office on file with the	
	Corporation Service Company		75 C
	1201 Hays Street		52 7
	Tallahasses, FL 32301-2525		HAS I
The name an (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	SEE, FL
	NRAI Services, Inc.		翠
	526 E. Park Avenue		→
	·	ersomi mailbox NOT acceptable)	
	Tallehessee, FL 32301		
The street addr changed will be	ress of its registered office and the eidentical.	street address of the business office of its register	ed agent, as
		dopted by its board of directors or by an officer s writing of the change.	
<u>aq</u>	Alan Wilkins, VP, Sec. and Tru (Signalars of an afficer or director) (Priored or typed name and to		iz)
I hereby accept I further agree duties, and I an being filed mer been notified in NRAI Services	I the appointment at registered age to comply with the provisions of a n familiar with and accept the obli- ely to reflect a change in the regis a writing of this change,	ent and agree to act in this capacity Il slatutet relative to the proper and complete per igation of my position as registered agent. Or, if tered office address, I hereby confirm that the co.	formance of my this document is rporation has
by: A V		February 2004	
If signing on be	(Againte of Registered Agent) chalf of an entity:	(Date)	
Michael Mirrione		Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	

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

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