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ACCOUNT NO. : 072100000032 REFERENCE AUTHORIZATION COST LIMIT : \$ 35.00 . ORDER DATE: November 1, 2007 ORDER TIME : 9:06 AM ORDER NO. : 299147-110 CUSTOMER NO: 4304417 CHANGE OF AGENT NAME: HOME WARRANTY OF AMERICA, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Cindy Harris

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

statement of cha	provisions of sections 607.05 nge is submitted for a corpor	ration organized und	er the laws of the State of _	Illinois	
	r to change its registered offi he corporation: HOME WAR		-	ioriaa.	
 The name of t The principal 	office address: 1371 Abbott	Ct., Suite A, Buffalo (Grove, IL 60089		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: Januar	ry 26, 2005 Do	cument number: F050000)00460	
5. The name and	street address of the current		registered office on file wi	ith the	
Florida Depar	tment of State:			2001 NOV -2 SECRETARY TALLAHASS	
	NRAI Services, Inc.			- 128 8	
2731 Executive Park Drive, Suite 4				- 575 - 2	
	A CHE	LEL			
6. The name and (if changed):	I street address of the new reg	gistered agent (if cha	nged) and /or registered of	AH 10: 50 SEE, FLORIDA	
	Corporation Service Compan	у		_	
	1201 Hays Street				
	(P.O. Box	NOT acceptable)		_	
	Tallahassee, FL 32301			_	
The street address changed will	ess of its registered office an be identical.	nd the street address	of the business office of i	ts registered agent,	
	as authorized by resolution one board, or the corporation				
Ander	Baklushi	Darler	e Szablewski, Secretary		
I further agree of my duties, an document is bei corporation has	the appointment as register the appointment as register to comply with the provision ad I am familiar with and ac ing filed merely to reflect a s been notified in writing of a Service Company	red agent and agree ns of all statutes rela cept the obligation of change in the registe this change.	tive to the proper and coing from the position as registere in the properties of the proper and control of t	mplete performance ed agent. Or, if this by confirm that the	
By//WC	gnature of Registered Agent)	nnoz	10/26/0 (Date)	67	
If signing on be	chalf of an entity:	V			
Michelle R. Van	noy, Asst. Vice President				
	Typed or Printed Name)				
	***	FILING FEE: \$35.	00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)