F05000002728

-		
(Re	questor's Name)	
(Ad	dress)	,
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATEMENT OF

A Change 08/16/07 DC



August 6, 2007

FLORIDA SECRETARY OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: BUYERS HOME WARRANTY COMPANY

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #13611 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x348 at 800-345-4647.

Thank you,

Rhonda Maybin

Registered Agent Services

Enclosures

PO BOX 1831 AUSTIN, TX 78767

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: BUYERS HOME WAF	RRANTY COMPANY f Corporation)
DOCUMENT NUMBER: F05000002728	
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Myr	a Homer
(Name of C	Contact Person)
Canital Corpo	rate Services, Inc.
(Firm	(Company)
	os, Suite 400
(A	ddress)
Auntin T	aven 70704
City/State	exas 78701 and Zip Code)
For further information concerning this matter, pleas	e call:
Mina Haman	245 4547
Myra Homer (Name of Contact Person)	at (<u>800</u>) <u>345-4647</u> (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Dep	artment of State.
Mailing Address: Amendment Section	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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
in order to change its registered office or registered agent, or both, in the State of Florida.
I. The name of the corporation: BUYERS HOME WARRANTY COMPANY
2. The principal office address:
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/6/2005 Document number: F05000002728
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Capitol Corporate Services, Inc.
155 Office Plaza Drive, Suite A (P.O. Box NOT acceptable)
Tallahassee Florida 32301
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.
(Signature of an officer or director) David W. Goodnin, Prosident (Printed or typed name and total)
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.
Delanie Case aug. 6 2007 (Signature of Registered Agent)
If signing on behalf of an entity:
Delanie Case, Asst. Secretary on Behalf of Capitol Corporate Services, Inc.

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

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

(Typed or Printed Name)