F0500000 4626

(Requestor's Name)					
(Address)					
(Address)					
•					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entry Harrey					
(Daymont Nymbor)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
-					
·					

Office Use Only



000125000960

04/22/08--01022--030 **25.00

05/07/08--01012--019 **60.00

SECRETARY OF STATE

FILED





US CorpWorks Inc.

23 Butler Avenue Maynard, MA 01754 www.uscorpworks.com

Phone: 888.967.5799 Fax: 978.897.5905

March 31, 2008

Via US Mail
Division of Corporations
Florida Department of State
PO Box 6327

Tallahassee, FL 32314

Re: Asurion Roadside Assistance Services, Inc.

Asurion Insurance Services, Inc.

Asurion Warranty Services, Inc.

Asurion Credit Protection Services, LLC

Asurion Protection Services, LLC

Asurion Warranty Protection Services of Florida, LLC

Asurion Florida Warranty Services, Inc.

Warranty Corporation of America

Wireless TLC, Inc.

To Whom It May Concern:

Enclosed for filing in your office are the following document(s) along with a check covering your fees:

Change of Registered Agent

Please call the toll-free number listed above if for any reason, the filing(s) can not be made.

Thank you for your time and consideration in this matter.

Sincerely,

Sabrina Tillapaugh

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

statement of cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organizer to change its registered office or register	ed under the laws of th	ne State of Georg	ia		
1. The name of	I. The name of the corporation: Warranty Corporation of America					
2. The principal office address: 3110 Crossing Park Road, Norcross, GA 30071-1323						
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 08/05/2005	Document number	F050000	04626		
5. The name and	d street address of the current registered age					
	CT Corporation System					
	1200 South Pine Island Roa	d		JAI 30		
	Plantation, FL 33324			CRET		
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or re	gistered office	08 HAY -7 PM 3: SECRETARY OF ST ALLAHASSEE, FLO	FILED	
	NRAI Services, Inc.			3: 2 STAI FLORI		
	2731 Executive Park Drive, Suite 4			TE O		
	(P.O. Box NOT acceptable)					
	Weston, FL 33331					
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business	office of its reg	istered agent,		
Such change wanthorized by the	as authorized by resolution duly adopted he board, or the corporation has been noti	by its board of directo fied in writing of the	rs or by an offic change.	er so		
Sabrina Tillapaugh, Vice President (Printed or typed name and title)						
I hereby accept I further agree of my duties, ar document is be	the appointment as registered agent and to comply with the provisions of all status and familiar with and accept the obliging filed merely to reflect a change in the seen notified in writing of this change.	agree to act in this ca les relative to the prop ation of my position a registered office addr	ipacity. per and complete is registered age ess, I hereby co	e performance int. Or, if this nfirm that the		
January 03/31/08						
	gnature of Registered Agent) chalf of an entity:	(1	Date)			
Sobrino Till	languah Agat Sagratani					

Sabrina Tillapaugh, Asst. Secretary

(Typed or Printed Name)

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