# F050000055]

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

Office Use Only



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04/22/08--01022--031 \*\*25.00

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OB MAY -7 PM 2: 54
SECRETARY OF STATE
TALLAHASSEF, FLORED

RACIO



### 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 toil-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	inge is submitted for a corporation orga	502, 607.1508, or 617.1508, Florida Statute unized under the laws of the State of Delawa stered agent, or both, in the State of Florida	are
1. The name of the corporation: Wireless TLC, Inc.			
	office address: 648 Grassmere Park		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 09/27/2005	Document number: F050000	)5511
5. The name and		agent and registered office on file with the	
	Corporation Service Comp	pany	<b>z</b> 0
	1201 Hays Street		8 MAI
	Tallahassee, FL 32301		FILED Y-7 P FTARY
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office	FILED  08 MAY -7 PH 2: 54  SECRETARY OF STATE TALLAHASSEE, FLORIDA
	NRAI Services, Inc.		RIO A
	2731 Executive Park Drive		
	(P.O. Box NOT acceptable Weston, FL 33331	le)	
The street addre	ess of its registered office and the stree be identical.	et address of the business office of its regi	stered agent,
Abrina	(),/	ed by its board of directors or by an office notified in writing of the change.  Sabrina Tillapaugh, Vice President (Printed or typed name and title)	
I further agree t of my duties, an document is beit	a 1 am tamiliar with and accept the ot	atutes relative to the proper and complete bligation of my position as registered age the registered office address, I hereby com e.	nt. Or. if this
abrina	gnature of Registered Agent)	03 31 08 (Date)	
If signing on be	half of an entity:		
Sabrina Till	apaugh, Asst. Secretary		

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

(Typed or Printed Name)