F0700002356

(Requestor's Name)					
-					
(Address)					
(Address)					
Ų ·-					
(0)	LIOUAL ET. IDI	10			
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
Certified Copies	Certificates	of Status			
	_ Ochmodos	Or Otatus			
Special Instructions to Filing Officer:					
•					
<u></u>	,				





000230074790

04/23/12--01012--005 **35.00



APR 2 5 2012 C. MUSTAIN

VIA US MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: UNITED STATES WARRANTY E.S.P. CORPORATION

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

Ryan Ermis

REGISTERED AGENT SOLUTIONS, INC.

statement of cha	nge is submitted for a co	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stat	te of OHIO		
1. The name of	the corporation; UNITE	D STATES WA	RRANTY E.S.P. COF	PORATION		
	office address: 6140 F		D #230			
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:	04/26/2007	Document number:	F07000002256		
	d street address of the current of State: (If resign		at and registered office on f	ile with the		
	NRAI SERVICES, INC.					
	515 E. PARK AVENUE					
	TALLAHASSEE FI	_ 32301 US		F11 R 23 I 1435 I 4555		
6. The name and (if changed):	l street address of the nev	w registered agent (i	f changed) and /or register	ed office FLORID		
	Registered Agent	Solutions, Inc.				
	155 Office Plaza Dr., Suite A P.O. Box NOT acceptable					
	Tallahassee, FL 32		cepable			
The street addre	ess of its registered office be identical.	e and the street add	dress of the business office	e of its registered agent,		
Such change wa authorized by th	as authorized by resolut ne board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or ed in writing of the chang	by an officer so e.		
Signatu	n. Jathan officer or director	<u>.</u> .	Jodi Latch	20 Secretary		
I hereby accept I further agree of of my duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with and ng filed merely to reflect been notified in writing	istered agent and a isions of all statute d accept the obliga t a change in the re g of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the		
det of	Art Flores, Ass	t. Sec.	4/19/2017 Date	2		
If signing on be	half of an entity:					
Ortfu	ores, Asst. &	ec				

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

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