F1400001943

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

Office Use Only



800408987128

RA & RO Change





A. RAMSEY MAY 2 7 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 751501 8414105				
AUTHORIZATION: CAPITURE CONTROL				
COST LIMIT : \$35.0				
ORDER DATE: May 15, 2023				
ORDER TIME : 11:31 AM				
ORDER NO. : 751501-011				
CUSTOMER NO: 8414105				
<u>CHANGE OF AGENT</u>				
NAME: PROGUARD WARRANTY INC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker				
EXAMINER'S INTITIALS:				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\boldsymbol{\cdot}$ FOR CORPORATIONS

statement of cha	nge is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florid on organized under the laws of the State o or registered agent, or both, in the State o	f DE	
1. The name of t	the corporation: PROGUARD W	ARRANTY INC.		
	office address: 407 McAlpine St	* * * * * * * * * * * * * * * * * * * *		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 05/02/20	Document number: F1400	00001943	
5. The name and		sistered agent and registered office on file		
	REGISTERED AGENT SOLU	ITIONS, INC.		
	203 HAY 19 AM 17: 20			
	TALLAHASSEE, FL 32308			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation Service Company	<i>!</i>	_ 33	
	1201 Hays Street		250	
		P.O. Box. NOT acceptable	_	
	Tallahassee	FL 32301		
The street addre as changed will	ess of its registered office and the identical.	ne street address of the business office of	its registered agent.	
Such change wa authorized by th	as authorized by resolution duly be board, or the corporation has	adopted by its board of directors or by a been notified in writing of the change.	nn officer so	
Xee	. E agner	Jill Cilmi	Vice President	
I hereby accept I further agree t of my duties, an document is bein corporation has	o comply with the provisions of	Printed or typed name and agent and agree to act in this capacity fall statutes relative to the proper and countries obligation of my position as registeringe in the registered office address, I her change. 05/18/2023	omnlete nerformænce	
Sign	nature of Registered Agent	Date		
If signing on bel	half of an entity;	•		
Grace E. Kirby, /	Asst. Vice President			
Tv	and or Printed Name	_		

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

CR2E045 (04/13)

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