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	To:	Division of G					
		Division of Corporations					
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玉	28 Figure	Account Name	: UNITED AGENT GROUP INC.	2			
	₹ SS	Account Number	: 120160000086	2022			
\subset	⊊≾	Phone	: (561)508-5033	~			
*	K A	Fax Number	: (561)694-1639				
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2	** The the email address for this business entity to be used for futur						
7	∽ annual r	eport mailings.	Enter only one email address please	PH			
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REGISTERED AGENT CHANGE NATIONAL HOME REPAIR WARRANTY, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

W Helpiker

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

statement of ch	ange is submitted for a corporat	, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of Delaware				
		or registered agent, or both, in the State of Florida.				
1. The name of		HOME REPAIR WARRANTY, INC.	•			
2. The principal		OR AVE E., 21ST FL.				
	CLEVELAND), OH 44114	-			
-	address (if different):		_ ·			
4. Date of incor	rporation/qualification: 06/09/2	2014 Document number: F14000002527	_			
5. The name an Florida Depa	nd street address of the current repartment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)				
	CORPORATION SERVI	CE COMPANY				
	1201 HAYS STREET					
	TALLAHASSEE, FL 323	01				
6. The name an (if changed):	ad street address of the new regist	tered agent (if changed) and /or registered office				
	United Agent Group Inc.	2022				
	801 US Highway 1	P.O. Box NOT acceptable	• STARK 30			
		P.O. Box NOT acceptable	(*************************************			
	North Palm Beach, FL 33	3408 ≲≺				
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 w authorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer son been notified in writing of the change.				
	ate of the officer or director	Erin Saville, Attorney-In-Fact				
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered to comply with the provisions o nd I am familiar with and accep ing filed merely to reflect a cha s been notified in writing of this	agent and agree to act in this capacity. If all statutes relative to the proper and complete performance If the obligation of my position as registered agent. Or, if this nge in the registered office address, I hereby confirm that the change.	? •			
	ANT I	1/27/2022				
Sig	enature of Registered Agent	Date				
If signing on be	chalf of an entity:					
Erin Savill	le, Special Secretary					
т	yoed or Printed Name	- `				

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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 * * *