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		SECRETISSUES
C T CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street		Since The second
		rich =
Address Tallahassee, Florid	la 32301	12
City State Zip Phone CORPORATION(S) NAME		100002056441 -01/14/9701025017 ******35,00 ******35.00
Home Buyers (Warranty	
() Profit () NonProfit () Limited Liability Compar () Foreign	() Amendmenty () Dissolution	
() Limited Partnership () Reinstatement () Limited Liability Partnership	() Annual Re () Reservatio	
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Updater Verifier Acknowledgment	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N. HENDRICKS JANI 1 4 1997
W.P. Veriller		

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Colorado submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a.]	The name of the corporation is:	HOME BUYERS WARRANTY		3 5 € 1	1
				ESP. M	
1b.	qualification Date of incorporation 5/1	2/94	Document nun		
2.	The name and address of the cu	_	d agent and office: rporation System,		g: 12
	N. Magnolia Street, Tallahas he name and address of the new (P.O. Box Not Acceptable C T CC	registered ag	ent and office:		<u> </u>
c/	O C T CORPORATION SYSTEM, 120	O South Pine	Island Rd., Plan	ntation, Florid	la 33324
	street address of its registered a s registered agent as changed w			ie business offic	:e
Suc an c	h change was authorized by resolution from the board	J.	,		•
<u>~</u>	SIGNATURE Hober 14, 19910 DATE	Typ	ed or printed name	(es -xero) and title	ra ry

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE BY:	Marcia a Lunghara
. 1 1.	(Registered Agent) Marcia J. Sunahara
DATE	Asst. Vice Pres.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91) (FLA. - 2194 - 3/4/92) **FILING FEE: \$35.00**