Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. `...

Email Address:

REGISTERED AGENT CHANGE HOME BUYERS WARRANTY CORPORATION

RLefeavers

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To:

By:

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

statement of cha	mge is submitted for a corporation o	7,0502, 607,1508, or 617,1508, Flori organized under the laws of the State egistered agent, or both, in the State	of Florida
1. The name of t	the corporation: HOME BUYERS W	ARRANTY CORPORATION	
2. The principal AURORA, CO 8	office address: 13900 E. HARVARD	AVE.	
			
3. The mailing a	o5/17/100.1	120.400	00002185
4. Date of incorp	poration/qualification:	Document number: F9400	00002489
	I street address of the current registe timent of State: (If resigned, enter re	red agent and registered office on file signed)	e with the
	CORPORATION SERVICE COMPA	ANY	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301		
6. The name and (if changed):	I street address of the new registered	l agent (if changed) and /or registered	l office
	CT Corporation System		202
	1200 South Pine Island Road		
	Plantation, Florida 33324	O, Box NOT acceptable	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
The street addreas changed will	ess of its registered office and the st be identical.	treet address of the business office of	
Such change wa authorized by th	is authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an notified in writing of the change.	ancoffider 🐔
/s/JEFFR	EY A. FIARMAN	JEFFREY A. FIARMAN, SEC	RETARY
Signatu	re of an officer or director	Printed or typed name a	nd title
I further agree of my duties, an document is bei corporation has	to comply with the provisions of all d I am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this characteristics.	nt and agree to act in this capacity, I statutes relative to the proper and I obligation of my position as regist in the registered office address, I hange.	complete performance ered agent. Or, if this ereby confirm that the
C i Corporation	San Columnia	05/31/2025	
Sig	nature of Registered Agent	Date	
	half of an entity:		
SEAN L. EMER	ICK, ASSISTANT SECRETARY		
1	yped or Printed Name		

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