Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:			

LLC REGISTERED AGENT CHANGE CARRIER WARRANTY HOLDINGS, LLC

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: Carrier Warranty	Holdings,	LLC					
2. (a)	Carrier Parkway, Syracuse, NY 13221	(h	(b) Carrier Parkway, Syracuse, NY 13221					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
3. 5. (a)	09/26/2001 Date of filing/registration in Florida	4. Document number						
	C T CORPORATION SYSTEM							
	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	- e: -	<u>~</u>	<u>~</u>				
	Registered Office Address (MUST BE FLORIDA STREET.	021 AUG 19	AUSION PECISE					
	PLANTATION . FE	33324			9	FIL OF C		
	United Agent Group Inc. Enter name of NEW Registered Agent and/or NEW Registered	_	AM IO:	ED OF SIAI ORPORAL				
	801 US Highway 1		17	<u> </u>				
	NEW Registered Office Address:			•				
	North Palm Beach , FL	33408	***************************************	-				
change agent v was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered ability cor of the limi limited lia	d office and npany, it is ted liability ability com	d the business office of shereby confirmed that y company or as otherw	the regis	stered ige(s)		
Signa	iture of a member or authorized representative of a member		2 1	Printed or typed name of sig	gnee			
I here provis the ob to mer notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address, I have in writing of this change.	ree to act i performa d for in Ci tereby cor	n this capa nce of my a hapter 605, yfirm that t	icity. I further agree to luties, and I am familia. F.S. Or, if this docum he limited liability com	comply r with ar ent is be pany har	with the ad accept ing filed a been		
Signati	Kevin Duteau, Special S	Secretary						