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ACCOUNT NO. : 07210000032

REFERENCE :

7363503

AUTHORIZATION

COST LIMIT

ORDER DATE: January 23, 2007

ORDER TIME : 9:47 AM

ORDER NO. : 724448-565

CUSTOMER NO: 7363503

CHANGE OF AGENT

NAME:

ASURION CREDIT PROTECTION

SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX____ PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited	d liability company i	s: ASURION	CREDIT PROTECTIO	N SERVICES, LLC	
2. The mailing address of	the limited liability	company is:			
8880 Ward Parkway, 5th Floor	r, Kansas City, MO 6411	14			
03/28/2002			M02000000808		
3. Date of filing/registration in Florida		4. Document number			
5. The name of the registe Florida Department of S		gistered office	e address as shown o	on the records of the	
·					
Name 52 F					
Address 1200 South Pine Island Road TEE 7					
Plantation, FL 33324					
		y, State and 2		The E	
Name 1200 South Pine Island Road Address Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office:					
Corporation Service Company					
Name					
1201 Hays Street					
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301	·	
	City,	, State and Zi	p		
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreemen	lange or changes are the registered agent beby confirmed that t	made, the Fl will be identi he change(s)	orida street address cal. Or, in the case was/were authorize	of the registered office of a Florida limited d by an affirmative vote	
(Signature of a member or authori	zed representative of a men	nber)	-		
Dan Mikon (Printed or typed name of signee)	Assistant 7				
I hereby accept the appoing the comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered s of all statules relati l accept the obligation his document is bein that the limited liabi	agent and agive to the proof ons of my pos g filed to mer lity company	gree to act in this ca per and complete pe sition as registered a rely reflect a change has been notified in	pacity. I further agree to erformance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent)	Aichelle R. Vannov. Ass.	istant VP			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)