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PICK-UP WAIT MAIL				
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088 Date: September 23, 2019 **KEN HOWELL** Name:\_ 1096615 Reference #:\_\_\_ Entity Name: DEALER OWNED WARRANTY COMPANY, LLC Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent **ISSUES? CALL** Reinstatement KEN: 518-213-0738 Conversion Merger Dissolution/Withdrawal Fictitious Name

Authorized Amount:

\$25.00

Other

Signature:

## 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: DEALER C	OWNED WAF	RRANTY COMPANY, LLC
2. (a)		(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No	Change
	May 22, 2018		M18000005003
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT Corporation System		
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	<del></del>
	Plantation, i	FL_33324	2019 SEP 23
(b)	COGENCY GLOBAL INC.		
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	•
	115 North Calhoun St., Suite 4		AS 10: 2
	NEW Registered Office Address:		
	Tallahassee	FL_32301	
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	laws of the State of the registered liability compains of the limited l	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/s/ Debra LaMotta		Debra La	aMotta
-	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei	thy accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provide the reflect a change in the registered office address, and in writing of this change.	de performance	of my duties, and I am familiar with and accept
	im Mayville		
Signat	ure of Registered Agent Tim Mayville, Assistant Se	cretary	

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

INHS18 (2/14)