

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

2000091273

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

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REGISTERED AGENT CHANGE
4WARRANTY CORPORATION

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

RA Change

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12-6-10

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: 4WARRANTY CORPORATION
2. The principal office address: 2301 Park Avenue, Suite 402, Orange Park, FL 32073-5558
3. The mailing address (if different):

4. Date of incorporation/qualification: 09/26/2000 Document number: P00000091273

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Barbara Palmer, 5914 Grace Lane, Jacksonville, FL 32205

FILED stamp: 2010 DEC -3 PM 12:15, SECRETARY OF STATE, TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signatures: [Signature of officer or director] and Barbara Palmer EVP

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: [Signature of Registered Agent] 12-2-10 (Date)

If signing on behalf of an entity: Barbara Palmer (Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)