## Po 20000 44592

| •                                       | (Requestor's Name)       |  |  |  |  |  |  |
|---|--------------------------|--|--|--|--|--|--|
| 1                                       | •                        |  |  |  |  |  |  |
| (Address)                               |                          |  |  |  |  |  |  |
|   |                          |  |  |  |  |  |  |
|   | (Address)                |  |  |  |  |  |  |
| ;                                       |                          |  |  |  |  |  |  |
| :                                       | (City/State/Zip/Phone #) |  |  |  |  |  |  |
| PICK-UP                                 | WAIT MAIL                |  |  |  |  |  |  |
|   |                          |  |  |  |  |  |  |
| )                                       | (Business Entity Name)   |  |  |  |  |  |  |
|   |                          |  |  |  |  |  |  |
| <b>!</b> .                              | (Document Number)        |  |  |  |  |  |  |
| Certified Copies                        | Certificates of Status   |  |  |  |  |  |  |
|   |                          |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |                          |  |  |  |  |  |  |
| }                                       |                          |  |  |  |  |  |  |
| •                                       |                          |  |  |  |  |  |  |
| j<br>1                                  |                          |  |  |  |  |  |  |
|   |                          |  |  |  |  |  |  |
| ١                                       |                          |  |  |  |  |  |  |
| i                                       |                          |  |  |  |  |  |  |

Office Use Only



400024752714

11/21/03--01062--016 \*\*35.00

03 NOV 21 AM 10: 35 SECRETARY OF STATE

Ada ORB

## TRANSMITTAL LETTER

| Amendment Section Division of Corporations  |
|---|
| SUBJECT: PIONEER WARRANTY, INC.  (Name of cornoration)  |
| (Name of corporation)   |
| DOCUMENT NUMBER: P02000044592   |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.     |
| Please return all correspondence concerning this matter to the following:                         |
| ANDREW I. LEWIS, ESQ.   |
| (Name of person)  |
| PHILLIPS, EISINGER & BROWN, P.A.  |
| (Name of firm/company)  |
|   |
| 4000 Hollywood Boulevard  |
| (Address)   |
| Hollywood, Florida 33021  |
| (City/state and zip code)   |
| For further information concerning this matter, please call:                                      |
|   |
| ANDREW I. LEWIS, ESQ. at ( 954 ) 894-8000   |
| ANDREW I. LEWIS, ESQ. at ( 954 ) 894-8000 (Name of person) (Area code & daytime telephone number) |
| Enclosed is a \$35.00 check made payable to the Department of State.                              |
|   |
| Mailing Address: Street Address: Amendment Section Amendment Section                              |
| Division of Corporations P.O. Box 6327  Division of Corporations 409 E. Gaines Street             |
| Tallahassee, FL 32314  Tallahassee, FL 32399  |

CR2E045(09/03)

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

|  | rovisions of sections 60  |  |   |  | is statement of                                    |  |
|--|---|--|---|--|--|--|
| change is submit   | ted for a corporation of  | rganized under the l   | aws of the State of   | Florida  | in order   |  |
| to change its reg  | istered office or registe   | red agent, or both, i  | n the State of Florida.   |  |  |  |
| 1. The name of the   | ne corporation:   | PIONEER WAR  | RANTY, INC.   |  |  |  |
| 2. The principal of  | office address:   | 6440 N.W. 5th  | Way   |  |  |  |
| · ·  |   | Fort Lauderdal   | le, Florida 33309   |  |  |  |
| 3. The mailing ac  | ldress (if different):  |  |   |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  |   |  |   |  |  |  |
| 4. Date of incorp  | oration/qualification: _  | 04/24/2002   | Document number:  | P02000044592   | 2  |  |
| 5. The name and<br>Florida Depart  | street address of the cu<br>ment of State:  | rrent registered ager  | nt and registered office  | on file with the   |  |  |
| i  | ARTHU   | IR W. LAMBERTU   | JS  |  |  |  |
|  | 2929 East Commercial Boulevard, Suite 604   |  |   |  |  |  |
|  |   |  |   | 27   | 03 NOV 2   |  |
| 4  | Fort La   | uderdale, Florida  | 33308   |  | 2 7  |  |
| 6. The name and (if changed):  | street address of the ne  | w registered agent (   | if changed) and /or reg   | istered office   | V OF S   |  |
| •  | GARY  | S. PHILLIPS  |   |  | 51 3;<br>37 3;                                     |  |
|  | 4000 H  | ollywood Boulevar  | r <b>d</b>  | <u> </u>   | Sm<br>P  |  |
| i  |   | (P.O. Box or personal mail   | ibox NOT acceptable)  |  |  |  |
| ;  | Hollyw  | ood, Florida 33021   | ·   |  |  |  |
| The street addre   | ss of its registered offi<br>identical.   | ce and the street ad   | dress of the business   | office of its register   | ed agent, as                                       |  |
|  |   |  |   |  |  |  |
| the board, or the  | s authorized by resolu<br>corporation has been  | notified in writing  | of the change.  | 2 02 07  |  |  |
| to   | ME  |  |   | IcCLENDON, Pres  |  |  |
| I hereby accent  | ghature of an officer or direct<br>the appointment as res   |  |   | n a aith   |  |  |
| I further agree t<br>duties, and I am<br>being filed mere<br>been forfied in | the appointment as rej<br>o comply with the prov<br>familiar with and acc<br>ly to reflect a change<br>writing of this change | visions of all statute<br>ept the obligation of<br>in the registered off | es relative to the prope<br>of my position as regis<br>fice address, I hereby | er and complete per<br>tered agent. Or, if<br>confirm that the cor | formance of my<br>this document is<br>poration has |  |
|  |   | _  |   | 18/03  |  |  |
| - 1  | Signature of Registered Agent   | <u>)                                    </u>                             |   | (Date)   |  |  |
| If signing on be   | half of an entity:  |  |   |  |  |  |
|  | •   |  |   |  |  |  |
| :  | (Typed or Printed Name)   |  |   | (Capacity)   |  |  |

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