P08000002703

(Re	questor's Name)	
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(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	· · · · · · · · · · · · · · · · · · ·
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Certified Copies	Certificates	of Status
Special Instructions to I	Eiling Officer	
Special Instructions to F	-ming Officer.	•
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02/11/08--01028--016 **35.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

R-A-Charge

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: National Vehicle Warranty Inc. (Name of Corporation	on)		
DOCUMENT NUMBER: P08000002703			
The enclosed Statement of Change of Registered Office/Agent a	-		
Please return all correspondence concerning this matter to the fo	ollowing:		
Scott Hart			
(Name of Contact Person)			
National Vehicle Warranty Inc. (Firm/Company)			
4252 NW 120th Ave (Address)			
Coral Springs Florida 33065 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Scott Hart at (9) (Name of Contact Person)	54) 654-5919 rea Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

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, Flostatement of change is submitted for a corporation organized under the laws of the Statement in order to change its registered office or registered agent, or both, in the Statement of the change its registered of the statement of the change its registered of the change its regis	te of Florida
The name of the corporation: National Vehicle Warranty Inc	
2. The principal office address: 4248 NW 120th Ave Coral Springs Florida 330	65
3. The mailing address (if different):	
4. Date of incorporation/qualification: 01/08/2008 Document number: PC	8000002703
5. The name and street address of the current registered agent and registered office on fill Florida Department of State:	file with the
Paul Maisner	
3310 North Federal Hwy	
Lighthouse Point Florida 33064	08 I
6. The name and street address of the new registered agent (if changed) and /or register (if changed):	CRETARY LAHASSE
Paul Maisner	
4248 NW 120th Ave	AH 8: 20 OF STATE E. FLORID.
(P.O. Box NOT acceptable)	2m 0
Coral Springs Florida 33065	
The street address of its registered office and the street address of the business office as changed will be identical.	e of its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or authorized by the board, or the corporation has been notified in writing of the change	by an officer so
(Signature of an officer or director) (Signature of an officer or director) (Pfinted or typed na	
I hereby accept the appointment as registered agent and agree to act in this capaci I further agree to comply with the provisions of all statutes relative to the proper at of my duties, and I am familiar with and accept the obligation of my position as regional document is being filed merely to reflect a change in the registered office address, a corporation has been notified in writing of this change.	ty. nd complete performance vistered agent. Or, if this I hereby confirm that the
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
II signing on bound of an only.	
(Typed or Printed Name)	

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