

P93 000053852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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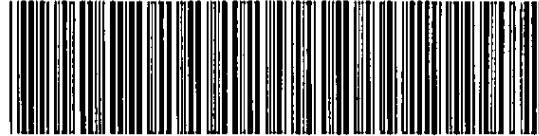
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Theft Guard, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P93000053852

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:

Frank Cusimano

Name of Contact Person

Phoenix American Warranty Company, Inc.

Firm/Company

6303 Blue Lagoon Drive, Ste 225

Address

Miami, FL 33126

City/State and Zip Code

compliance@phoenixec.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Cusimano

Name of Contact Person

at ( 305 ) 266-5665

Area 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, 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: Theft Guard, Inc.
2. The principal office address: 6303 Blue Lagoon Drive, Suite 225, Miami FL 33126
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/02/1993 Document number: P93000053852

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Katherine T. Aponte

6303 Blue Lagoon Drive, Suite 400

Miami, FL 33126

6. The name and street address of the new registered agent (if changed) and /or registered office: (if changed):

Katherine T. Aponte

6303 Blue Lagoon Drive, Suite 225

P.O. Box NOT acceptable

Miami, FL 33126

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.

Katherine T. Aponte  
Signature of an officer or director

Katherine T. Aponte CFO

Printed or typed name and title

*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.*

Katherine T. Aponte  
Signature of Registered Agent

August 29, 2019

Date

If signing on behalf of an entity:

Katherine T. Aponte

Typed or Printed Name

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

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