

**P95000033878**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0380

From:

Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850)222-1173  
Fax Number : (850)224-1640

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DIVISION OF CORPORATIONS

0715.42143

**REGISTERED AGENT CHANGE**  
**NATIONAL WARRANTY OF FLORIDA, INC.**

Certificate of Status	0
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## 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: National Warranty of Florida, Inc.
2. The principal office address: 1099 18th Street, Suite 350, Denver, CO 80202
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/26/1995 Document number: P95000033878
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

F&L Corp.One Independent Drive, Suite 1300Jacksonville, FL 32202

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

NRAI Services, Inc.2731 Executive Park Drive, Suite 4(P.O. Box or personal mailbox NOT acceptable)Weston, FL 33331

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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.

[Signature]  
(Signature of an officer or director)

Marc Vivori - Director  
(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.

NRAI Services, Inc.by: [Signature]

(Signature of Registered Agent)

09/06/2005

(Date)

If signing on behalf of an entity:

Michael Mirrione

(Typed or Printed Name)

Assistant Secretary

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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