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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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(Document Number)						
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TALLAHASSEE FIGURALA

APR 2.2 2014 C. CARROTHERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby gkirby3@cscinfo.com

Date: April 10, 2014

Order#: 083439-016

Re: HURON CONSULTING SERVICES LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. ]	Name of the limited liability compa	ny: HURON CONS	SULTING SERV	VICES LLC		
2 (0	) 550 West Van Buren Street		(b)			
2. (d	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(°)	•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Chicago	IL 60607				
	12/16/2002		M0:	2000003355		
3.	Date of filing/registration	on in Florida	4.	Document nu	ımber	
5. (	a) C T Corporation System					
<i>J</i> . (	Registered Agent and Registered Office	shown on the records of	the Florida Dept.	of State:		
	1200 South Pine Island Road					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			·		
	Plantation	, FL	33324	<del></del>	7454	
					AEC 7	
(t	Corporation Service Company				圣帝 号 河	
	Enter name of NEW Registered Agent	and/or <u>NEW Registered</u>	l Office address:		SS TO THE PROPERTY OF THE PROP	
	1201 Hays Street					
	NEW Registered Office Address:				TO 30 54	
	Tallahassee	, FI	_ 32301		,	
the c agen was/	e limited liability company is not or hange or changes are made, the Flo t will be identical. Or, in the case of were authorized by an affirmative verticles of organization or the operation	orida street address of of a Florida limited li vote of the members of	f the registered lability compar of the limited l c limited liabili	l office and the busing, it is hereby confinability company or	ness office of the registered rmed that the change(s) as otherwise provided in	
Sig	nature of a member or authorized represent	ative of a member	- Dona i in		name of signee	
prov the o	reby accept the appointment as registions of all statutes relative to the bligations of my position as registerely reflect a change in the registerely reflect as the change.	istered agent and ag proper and complete red agent as provide red office address, I	ree to act in the performance ed for in Chapt hereby confirm	is capacity. I furthe of my duties, and I c er 605, F.S. Or, if t n that the limited lia	r agree to comply with the un familiar with and accept his document is being filed bility company has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Assistant VP