

F11000004416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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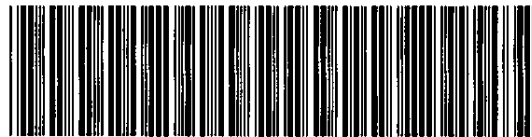
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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RA Change

06-21-12

DC



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 248019 7880068

AUTHORIZATION :

COST LIMIT : \$ 35.00

[Handwritten signature]

ORDER DATE : June 20, 2012

ORDER TIME : 10:32 AM

ORDER NO. : 248019-006

CUSTOMER NO: 7880068

CHANGE OF AGENT

NAME: ASSUREDPARTNERS CAPITAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS: _____

**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 Delaware
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ASSUREDPARTNERS CAPITAL, INC.

2. The principal office address: 200 Colonial Center Parkway, Suite 150, Lake Mary, FL 32746

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/01/2011 Document number: F11000004416

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

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.

Maureen Cathell
(Signature of an officer or director)

Maureen Cathell, Vice President

(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.*

Corporation Service Company
By: Grace E. Kirby
(Signature of Registered Agent)

June 18, 2012

(Date)

If signing on behalf of an entity:

Grace E. Kirby, Assistant Vice President

(Typed or Printed Name)

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

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

CR2E045 (8/05)

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