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Enter the email address for this business entity to be used for futures TALLENT annual report mailings. Enter only one email address please.

8 AUG - 3 AM 9: 2 SECRETARY OF STATE LAHASSEE STATE

REGISTERED AGENT CHANGE ASSUREDPARTNERS CAPITAL, INC.

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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, 617.0, statement of change is submitted for a corporation org in order to change its registered office or regi	anized under the laws of the State of Delaware	
1. The name of the corporation: AssuredPartnersCapital	l,Inc.	
2. The principal office address:		
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 Florida Department of State:(If resigned, enter resigned).		
CORPORATIONSERVICECOMPAN	CORPORATIONSERVICECOMPANY	
1201HAYSSTREET	1201HAYSSTREET Sign to 1	
TALLAHASSEE FL32301-2525	TALLAHASSEE,FL32301-2525	
6. The name and street address of the new registered ag (if changed):	gent (if changed) and /or registered office	
CTCorporationSystem		
1200SouthPineIslandRoad		
	OT acceptable	
Plantation, Florida 33324		
The street address of its registered office and the street as changed will be identical.	et address of the business office of its registered agent,	
Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been a	ed by its board of directors or by an officer so notified in writing of the change.	
Stephen been	StephanieBoehm, Secretary	
Signature It an officer or director	Printed or typed name and title	
I hereby accept the appointment as registered agent a I further agree to comply with the provisions of all sta performance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to re hereby confirm that the corporation has been notified	atutes relative to the proper and complete Lacrent the obligation of my position as registered	
Signature of Registered Agent	07/18/2018	
Signature of Registered Agent	Duc	
If signing on behalf of an entity:		
MicheleHolden, Asst. Secretary		
Typed or Printed Name	W.F. C.W. C	

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

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL32314 CR26045 (03/12)