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WESTROPE INSURANCE MANAGERS OF FLORIDA, LLC

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

Pursuant to the provisions of sections 605.0114, 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.

l. Na	me of the limited liability company: WESTROPE IN	SURANCE MANAGERS OF FLORIDA, LLC	_
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	510 Vonderburg Drive Suite 214 Brandon, FL 33511	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	180 N Stetson Avenue Suite 4600 Chicago, IL 60601	- PECR
April	30, 2008	L08000043172	E P
3. Da	te of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:	S. S.
	Registered Agent:	Wildwestern General Diokerage Dic.	ATE
	Registered Office Address:	801 International Parkway STH Floor Lake Mary, FL 32746	
(b)	Enter name of NEW Registered Agent and/or NEV	V Registered Office address:	
	NEW Registered Agent:	National Corporate Research, Ltd., Inc.	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive	·
	MCST NOT LORIDA STREET ADDRESS	Tallahassee ,FL 32301	
confir and the liabilithe me the op	limited liability company is not organized under the lamed that after the change or changes are made, the Fleie business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise trating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote provided in the articles of organization or	
	N. Ackerman, Secretary of Midwestern or Typed name of signles	• • • • • • • • • • • • • • • • • • • •	
I hero compl and I Chapt addre	eby accept the appointment as registered agent and as with the provisions of all statutes relative to the proam familiar with and accept the obligations of my poser 615, F.S. Or, if this accument is being filed to mer ss. Thereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.	to ,
Signatu	orc of Registered Agent Sean Honan, Assistant Secretar	ry	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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