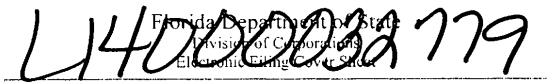
8/2/2018

Division of Corporations



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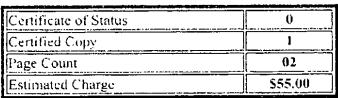
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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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 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.

L Na	nne of the limited liability company: AssuredPartners	sGulfCoastInsi	tranceAgency,U.C		
2. (a)	200COLONIALCENTERPKWY	(b)(b)			
(14)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAYBE POST OFFICE ROX)		
	SUITE150	SUITE1500			
	LAKEMARY,FL32746	NEWORLEANS.LA70130			
	02/25/2014	L14000032779			
3.	Date of filing/registration in Florida	- _{4.}	Document number		
5. (a)	CORPORATIONSERVICECOMPANY				
J. (6)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>				
	120HIAYSSTREET				
	TALLAHASSFE ,,FL	RETURN TO			
(b)	CTCorporationSystem	FILED ARTARY OF ARTARY SEEL F			
, - ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	FILED ANG -3 AM 8: 52 ECRETARY OF STATE ALLAHASSEE, FLORIDA			
	NEW Registered Office Address:	2			
	1200SouthPineIslandRoad	·· ·			
	Plantation , FI	33324	···		
the change agent was/w	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered ability compa of the limited I limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.		
- E:Z.	title g' a Member or authorized representative of a member	Stephanie	Printed or typed name of signee		
provis the ob. to mer notifie	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in the performance ed for in Chap hereby confir.	his canacity. I further gover to camply with the		
	MicheleHolden, Asst. Secretary				
Signati	are of Registered Agent				

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