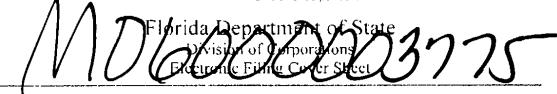
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Division of Corporations



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(((H18000225432 3)))



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Division of Corporations

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From;

Account Name : C T CORPORATION SYSTEM

Account Number : FC4000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Help

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.

I. Na	me of the limited liability company: AssuredPartners S	pecialty	Insurance B	rokers, LLC
			b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
	200COLONIALCENTERPARKWAY,SUITE150		200COL	ONIALCENTERPARKWAY,SUITE150
	LAKEMARY,FL32746		LAKEMARY,FL32746	
	07:07/2006		M06000000	3775
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATIONSERVICECOMPANY			
J. (A)	Registered Agent and Registered Office shown on the records of the	ie Flori	da Dept. of Sta	te:
	Registered Office Address <u>(MUST BE FLORIDA STREET A</u> 1201HAYSSTREET			
	TALLAHASSFE , FL			- 20
(b)	CTCorporationSystem			FILED MG-3 M CREIVER OF CANASSEE.
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>			95 9
	NEW Registered Office Address:			29 110 110 100 100
	1200SouthPincIslandRoad	•		_
	Plantation: , FL_	33324		_
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	s of the teg bility of the li imited	e State of F sistered office company, it mited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the oh! to mere notified	by accept the appointment as registered agent and agre ions of all standes relative to the proper and complete p igations of my position as registered agent as provided By reflect a change in the registered office address. In I'm writing of this change.	se to a perford f for in ereby	ct in thus cap nance of my Chapter 60 confirm that	pacity. I further agree to comply with the chires, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Similar	MicheleHolden, Asst. Secretary			
************	Division of Cornerations P.O. B			