## M090000000073

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SECRETARY OF STATE
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: June 28, 2013

Order#: 702120-106

Re: ACRISURE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company: ACRISURE,	LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	oany: <u>5664 Prairie Creek Drive</u> <u>Caledonia, MI 49316</u>	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO Box 1788 Grand Rapids, MI 49501	
01/05/2009	м0900000073	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Dept of State:
Registered Agent:	C T Corporation Sytem	F. 50 E Th
Registered Office Address:	1200 South Pine Island F Plantation, FL 33324	Road 0.50
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	NEW Registered Office add	The second second
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
(MUSI BE FLORIDA STREET ADDRESS)	Tallahassee	,FL_32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealility company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e Florida street address of the lentical. Or, in the case of a e(s) was/were authorized by	ne registered office Florida limited an affirmative vote of
Dona Priebe, Authorized Person Printed or typed name of signee		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capact o proper and complete perfoi o position as registered agen o merely reflect a change in t oany has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.
By: Maca Lekuble Signature of Registered Agent Corporation Service Compan		

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