Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
        Division of Corporations
        Fax Number   : (850)617-6383

From:
        Account Name   : C T CORPORATION SYSTEM
        Account Number : FCA000000023
        Phone   : (850)222-1092
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**Enter the email address for this business entity to be used for future
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LLC REGISTERED AGENT CHANGE
FIDELITY GROUP INSURANCE PROFESSIONALS LLC

Certificate of Status	0
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T. CLINE

AUG - 7 2012

EXAMINER

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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 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: Fidelity Group Insurance Professionals LLC

2. (a) Principal office address of limited liability company: 3400 COLLEGE BLVD

   (Note: MUST BE STREET ADDRESS) STE 200
   LEAWOOD KS 66211

   (b) Mailing address of limited liability company:

   (Note: MAY BE POST OFFICE BOX)

09/24/2009   M09000003791

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: CORPORATION SERVICE COMPANY

   Registered Office Address: 1201 HAYS STREET
                                                   TALLAHASSEE FL 32301-2525

   (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

   NEW Registered Agent: C T Corporation System

   NEW Registered Office Address: 1200 South Pine Island Road
   (MUST BE FLORIDA STREET ADDRESS)

                                                   Plantation   FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Kristin Bolden

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

C T Corporation System

By: _____ James M. Halpin
    Signature of Registered Agent
    Assistant Secretary
    Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
    FILING FEE: $25.00

INHS18 (05/08)

FLDIS - 11/16/2010 C T System Online