## M0900000 4617

(Requestor's Name)					
(Address)					
(Address)					
<b>(</b> )					
(City/State/Zip/Phone #)					
(Oity/State/Zip/Phorie #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
**************************************					
Special Instructions to Filing Officer:					
JUL <b>- 3 2013</b> )					
S. TONER					
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Office Use Only

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07/02/13--01003--007 \*\*25.00

FILED

SECRETARY OF STATE
SECRETARY OF STATE
ALLAHASSEE, FLORIDA



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#: 702120-041

Re: ACRISURE IP 3, 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. Nai	me of the limited liability company: ACRISURE IP3, I	LC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	5664 Prairie Creek Drive Caledonia, MI 49316		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5664 Prairie Creek Drive Caledonia, MI 49316		
11/20/2	2009	M09000004617		
3. Dat	te of filing/registration in Florida	Document number		
5. (a)	Registered Agent and Registered Office shown on the	_	of State:	
	Registered Agent:	C T Corporation Sytem	ယ်	
	Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	Tayong	<u> </u>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> :	V Registered Office address  Corporation Service Company	2 34 11:	m 0
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	S	
	(MUST BE TEORIDA STREET ADDRESS)	Tallahassee ,	FL <u>3230</u>	1
confirmand the liability the method the op-	limited liability company is not organized under the lamed that after the change or changes are made, the Flee 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 rating agreement of the limited liability company.	orida street address of the regist cal. Or, in the case of a Florida was/were authorized by an affir	ered off limited mative	vote of
	Priebe, Authorized Person or typed name of signee	-		
I here compl and I i Chapt addres	by accept the appointment as registered agent and as y with the provisions of all statules relative to the pro am familiar with and accept the obligations of my pos er 608, F.S. Or, if this document is being filed to men ss, I hereby confirm that the limited liability company	gree to act in this capacity. I fu per and complete performance ition as registered agent as pro vely reflect a change in the regi has been notified in writing of	rther ag of my di ovided fo stered of this cha	ree to uties, or in fice nge.
	Tre of Registered Agent Corporation Service Company	Grace E. Kirby, Asst. Vice Pre	sident	

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