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<i>₽</i>					
(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(=====,					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special metractions to 1 ming officer.					

Office Use Only



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C. LEWIS

MAY 1 3 2014

EXAMINER



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Sylvia Queppet squeppet@cscinfo.com

Date: April 29, 2014

Order#: 110548-025

Re: MARSHALL & SWIFT/BOECKH, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

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: Sylvia Queppet

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 605.0114, 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: MARSHALL & SWIFT/BOECKH, LLC				
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	10001 Innovation Drive Suite 100 Milwaukee, WI 53226		
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		7. (A)	
03/12/2010			M10000001181		
3.	Dat	e 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 System		
		Registered Office Address:	1200 South Pine Island Road		
			Plantation	FL 33324	
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :		W Registered Office address: Corporation Service Company		
	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street		
Mest be reakton street hookessy			Tallahassee	FL_32301	
and liab the the	nfirr d the bilit me	imited 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 idently 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 r	registered office	
		Priebe, Authorized Person or typed name of signee	-		
I h cor and Ch add By	iere nply d I d apte dres	by accept the appointment as registered agent and as with the provisions of all statutes relative to the promise familiar with and accept the obligations of my poser 605, F.S. Or, if this document is being filed to me is, I hereby confirm that the limited liability company	gree to act in this capacity. There and complete perform sition as registered agent a cly reflect a change in the has been notified in writing. Sylvia Ouenpet, Asst. Vic.	is provided for in registered office ng of this change.	

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