## M1200000 6099

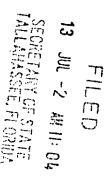
(Re	equestor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nam	e)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
	UUL - 3 2013) S. TOMER		

Office Use Only



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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#: 702120-079

Re: ACRISURE IP 5, 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 IP 5	S, LLC	
2. (a) Principal office address of limited liability compan	v: 5664 Prairie Creek Drive	
(Note: MUST BE STREET ADDRESS)	Caledonia, MI 49316	
(b) Mailing address of limited liability company:	5664 Prairie Creek Drive	
(Note: MAY BE POST OFFICE BOX)	Caledonia, MI 49316	
10/29/2012	M12000006099	
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	
Decision 1000 - Allinois	1000 Couth Dine Island Dood	<b>共然 む</b>
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	F 3 4 7
		10000000000000000000000000000000000000
		1887 Y
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:	門兒童七
NEW Registered Agent:	Corporation Service Company	
<b>~</b>		<b>岩利 全</b>
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	**************************************
(MOST BE PLORIDA 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 F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	lorida street address of the regitical. Or, in the case of a Floric was/were authorized by an aff	stered office da limited firmative vote of
Dona Priebe, Authorized Person Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	ngree to act in this capacity. I j oper and complete performanc osition as registered agent as p erely reflect a change in the res by has been notified in writing t	further agree to se of my duties, rovided for in gistered office of this change.
By: Drace C-Kuble		
Signature of Registered Agent Corporation Service Company	Grace E. Kirby, Asst. Vice Pr	esident '

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