Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (850)617-6383		AHAS			
From:	Account Name : C T CORPORATE Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (954)208-0845		SEE, FLO			
Enter	the email address for this busine wal report mailings. Enter only	ess entity to be u	sed for futu: please.			
	il Address:					
59	LLC REGISTERED AGENT CHANGE ASSUREDPARTNERS OF MISSOURI, LLC					
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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 605.0114 or 605.0116, 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.	Na	me of the limited liability company: AssuredPartnerson	tMisse 	ш	i.l.I.C			
2.	(a)		_ ((b)		Tailing address of limi		
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			M	tailing address of limi (Note: MAYBE PO		
		200COLONIALCENTERPKWYSTE150			11975WESTLINEINDUSTRIALDRIVE			
		LAKEMARY.FL32746			SAINTLOUIS,MO63146			
		11/20/2013		N	4130000075	595		
3.		Date of filing/registration in Florida	4.	_		Document numbe		
5	Ča S	CORPORATIONSERVICECOMPANY						
5. (în)	141)	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET A	:	18 AUG SECRE TALLAH				
		Registered Office Address <u>(MUST BE FLORIDA STREET AD</u> 1201HAYSSTREET					書言	
			, FL_32301-2525				-3 PM	LED
1	(b)	CTCorporationSystem					PH 4: 05	O
		Enter name of NEW Registered Agent and/or NEW Registered			Tros:		P P	
		NEW Registered Office Address 12008 outhPineIslandRoad						
		1200Notath mersianoroau						
		Plantation, FL_	33324	1				
the	e cha ent v is/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	s of the reposition of the limited limited	he ! gis cor imi d li	tered office npany, it is ted liability	and the business s hereby confirmed y company or as o pany.	d that the chang	c(s)
	Siena	ture of a member or authorized oppresentative of a member		e la		Printed or typed nan	ne of signee	
I pr th to	here ovis e obl mer	hy accept the appointment as registered agent and agrains of all statutes relative to the proper and complete protections of my position as registered agent as provided by reflect a change in the registered office address. I have the interest of this change in the registered office address.	ee to c perfor I fôr n ereby	uct ma n C	in this cape mee of my c hapter 605 nfirm that i	ority Therinar on	new to comple w	ith the laccept ig filed heen
S	gnatt	MicheleHolden, Asst. Secretary						

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