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LLC REGISTERED AGENT CHANGE ASSUREDPARTNERS AEROSPACE, 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.

١.	Na	me of the limited liability company: AssuredPartnersA	erospa	ce.J.I.C		
2.	(a)		((b)	Mailing address of limited liability company:	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)	
		200COLONIALCENTERPARKWAY,SUITE150		25548GF	NESEETRAURD.	
		LAKEMARY.FL32746		GOLDE	N.CO80491	
		04/{7/2014		M1400000	2677	
3.		Date of filing/registration in Florida	4.		Document number	
5	(a)	CORPORATIONSERVICECOMPANY				
J. (4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State.					
		Registered Office Address (MUST BE FLORIDA STREET A				
		1201HAYSSTREET		FER E T		
		TALLAHASSFE, FL	32301	-2525	AMASSEE, OF	
(b)	(b)	CTCorporationSystem			- PERF	
, ,		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office i	iddress:	FILED AUG-3 PH 6: 30 ALLAHASSEE, FLORIDA	
		NEW Registered Office Address:				
		1200SouthPineIslandRoad				
		Plantation, FL_	33324		<u></u> -	
the ag	e cha ent v	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of feles of organization or the operating agreement of the	the reg bility of the li limited	gistered offi company, it imited liabil I liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.	
_		State Pas A number or authorized representative of a member	- St	ephanicBoel	Printed or typed name of signee	
pr the to no	ovis e obi mer stifte	hy accept the appointment as registered agent and agricus of all statutes relative to the proper and complete light of my position as registered agent as provide ely reflect a change in the registered affice address, I lid in writing of this change. Micheleffolden, Asst. Secretary are of Registered Agent	ce to a perfor d for n iereby	ict in this ca mance of m i Chapter 60 confirm tha	I to whom array to grownly with the	

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