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3

## LLC REGISTERED AGENT CHANGE ASSUREDPARTNERS OF COLORADO, 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.

I. N	ame of the limited liability company: AssuredPartners	sofColorado,LLC		
2. (a)	200COLONIALCENTERPARKWAY	(b) 1873SOUTHBELLAIRESTREET		
<u>(</u> )	Principal office address of limited liability company.  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)	
	SUITEA 50	SUIT	SUITE600	
	EAKEMARY,FL32746	DENVER,CO80222		
	11:03/2014	M1400008028		
3.	Date of liling/registration in Florida	4.	Document number	
5. (a)	CORPORATIONSERVICECOMPANY			
J. 10)	Registered Agent and Registered Office shown on the records of	t the Florida Dept o	of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 120111A Y SSTREET		SECRE TALLAR	
	TALLAHASSFE , F.	L_32301-2525	- SSS	
(b)	CTCornorationSystem		E P P P P P P P P P P P P P P P P P P P	
	TALLAHASSEE  CTCorporationSystem  Enter name of NEW Registered Agent and/or NEW Registered Office address:  Registered Office Address  AUCST BE FLORIDA STREET ADDRES			
	NEW Registered Office Address:		<del></del>	
	1200SouthPineIslandRoad	<del></del>		
	Plantation, F	L 33324		
the chagent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization or the operating agreement of the authorized representative of a member or authorized representative of a member or authorized representative of a member ligations of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change.	aws of the State of the registered liability company of the limited lie limited liability Stephaniel	of Florida, it is hereby confirmed that after office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.  Boehm  Printed or typed name of signee	
Signal	MicheleHolden, Asst. Secretary are of Registered Agent			

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