Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE ASSUREDPARTNERS OF SOUTH CAROLINA, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

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.

LIMITED LIABILITY COMPANY

1.	Na	me of the limited liability company: AssuredPartnerse	tSouth	Carolin	na,LLC			<u>-</u>	
2.	(a)	Principal office address of limited liability company:	_ (b)		aiting address o	of limited li	ability co	innaiv'
		Principal office address of firmted hability company: (Now: MUST BE STREET ADDRESS)				(<u>Note: MAY B</u>	E POST O	FFICE I	нрацу. ВОХ)
		200COLONIALCENTERPKWYSTE150	EFERN.	NANDINACOURT					
		LAKEMARY,FL32746		COL	,UMB1.	A,SC29212			
		12/22/2014		M140	000091	88			
3.		Date of filing/registration in Florida	4,			Document nu	ımber		
5	(n)	CORPORATIONSERVICECOMPANY							
J.	(11)	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept.	of State:				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
		1201HAYSSTREET						2818	
		TALLAHASSFE .FL 32301-2525						AUG	
	(b)	CTCorporationSystem						<u>ီ</u>	1.7
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>					:01 :01 # 1	PM 3: 36	Ç=
		NEW Registered Office Address:					3	6	
		1200SouthPineIslandRoad							
		Plantation, FL	33324						
th ag	e cha ent v	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of these of organization or the operating agreement of the	rs of the the region in the region of the li	ne State gistered compar mited 1	l office ny, it is liability	and the busi hereby confi company or	ness offi irmed tha	ce of the it the ch	e registered ange(s)
	9	teplu Yue	St	ephanie	Boehm				
	Sign	and of a member or authorized representative of a member				Printed or type			
Property of the total	here covis e ob: mer otifie	by accept the appointment as registered agent and agr tons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, H Lin writing of this change.	ree to a perfor d for in hereby	ict in th mance i Chapt confire	iis capa of my a ter 605, in that t	icity. I furthe luties, and I c . F.S. Or, if t he limited lic	er agree am famili his docu ibility co	to comp ar with ment is mpany i	ly with the and accept being filed has been
	14	MicheleHolden, Asst, Secretary me of Registered Agont							

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