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LLC REGISTERED AGENT CHANGE ASSUREDPARTNERS OF TEXAS, LLC

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K. SALY AUG - 6 2018

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTÉRED 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	lame of the limited liability company: AssuredPartners	offexa	as,L	I.C	
2. (a)	Principal office address of limited liability company:	_	(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OF FICE ROX)
	200COLONIALCENTERPARKWAY,SUITE150			200COLO	DNIALCENTERPARKWAY,SUITE150
	LAKEMARY,FL32746			LAKEMA	ARY,FL32746
	05/23/2016		;	416000004	102
3.	Date of filing/registration in Florida	 4.	-		Document number
e (CORPORATIONSERVICECOMPANY				
5. (a	Registered Agent and Registered Office shown on the records of	the Flor	riđa	Dept. of Stat	- e:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					-
1201HAYSSTREET				·	
	TALLAHASSEE, FL	3230	1-2:	525	ACCE TO
(b	CTCorporationSystem				HASSI HASSI
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				-3 PH 4: 08 HASSEE, FLORID
	NEW Registered Office Address:				
	1200SouthPincIslandRoad				-
	Plantation , F1	3332	4		_
the chagent was/v	limited liability company is not organized under the lanange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ws of the reliability of the colors	the egis co lim ed l	tered offic mpany, it i ited liabili	c and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in appany.
Sigi	nature of a heraber oranthorized rapresentative of a member	_			Printed or typed name of signee
provi the oi to me notifi	eby accept the appointment as registered agent and ag islons of all statutes relative to the proper and complete bligations of my position as registered agent as provide refy reflect a change in the registered office address, I ed in writing of this change.	ree to e perfo ed for t hereby	act rme in C y cc	in this cap ince of my hapter 60 infirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 3, F.S. Or, if this document is being filed the limited hability company has been
<u> </u>	MicheleHolden, Asst. Secretary mre of Registered Agent				
Signa	mile of registered Agent	_			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 F1LING FEE: \$25.00