8/2/2018

Division of Corporations **Electronic Filing Cover Sheet**

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3

LLC REGISTERED AGENT CHANGE ASSUREDPARTNERS OF PENNSYLVANIA, LLC

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AUG 06 2018

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. Na	me of the limited liability company: AssuredPartnerso	tPennsylvania,LI	.C
2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1304GRANDVIEWAVESUITE400	1301G	RANDVIEWAVESUITE400
	PITTSBURGH,PA15211		BURGH,PA15211
	10/11/2016	M16000	Document number
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATIONSERVICECOMPANY		
J. (a)	Registered Agent and Registered Office shown on the records of the	he Florida Dept of	State:
	Registered Office Address	DDRESS)	
			<u> </u>
	TALLAHASSEE	32301-2525 —————	
(b)	CTCorporationSystem		
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> .	Office address:	MANG -3 PH 3: 3
	NEW Registered Office Address:		<u>Ψ</u> ω
	1200SouthPineIslandRoad		. 7 —
	Plantation, FL_	33324	
the change of th	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 o icles of organization or the operating agreement of the	the registered of ability company, If the limited liab	it is hereby confirmed that the change(s) bility company or as otherwise provided in
	tundo a member or authorized representative of a member	Stephanie Bo	
			Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my posuton as registered agent as provide ely reflect a change in the registered office address. It d in writing of this change.	ree to act in this performance of differ in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
1.77	Chile Tolding MicheleHolden, Asst. Secretary		
Signati	ne of Registered Agent		

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