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 SECRETARY OF STATE  
 CORPORATION DIV  
 2018 AUG -6 PM 2:45

**Statement of Change of Agent**  
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee. \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 001336223	2. Exact Name of the Limited Liability Company AssuredPartners of Illinois, L.L.C
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address 222 JEFFERSON BOULEVARD, SUITE 200	
City/Town WARWICK	State RHODE ISLAND Zip 02888
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: CORPORATION SERVICE COMPANY	
5. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A	
City/Town East Providence,	State RHODE ISLAND Zip 02914
6. The name of the <b>NEW</b> resident agent is: C T Corporation System	
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.</i>	
Name of Authorized Person of the Limited Liability Company Stephanie Boehm	Date 07/23/2018
Signature of Authorized Person of the Limited Liability Company 	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

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BY 8313