

FO 9000001998

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**\*RE-SUBMIT\***

To: Division of Corporations  
Fax Number : (850) 617-6380

Please retain original filing date of submission 10/24

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
WORKLIFE INSURANCE AGENCY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

FILED  
2012 OCT 24 PM 2:28  
STATE ARCHIVE  
FALL HARBOR, FLORIDA

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Help

*PA Chaney*  
*10/24/12*



October 25, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

WORKLIFE INSURANCE AGENCY, INC.  
700 TOWER DR., SUITE 220  
TROY, MI 48098

SUBJECT: WORKLIFE INSURANCE AGENCY, INC.  
REF: F09000001998

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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Sylvia Gilbert  
Regulatory Specialist II

FAX Aud. #: H12000256405  
Letter Number: 812A00026182

RECEIVED  
12 OCT 25 AM 8:01  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Michigan in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Worklife Insurance Agency, Inc.
2. The principal office address: 700 TOWER DRIVE, SUITE 220 TROY, MI 48098
3. The mailing address (if different):

4. Date of incorporation/qualification: 05/15/2009 Document number: F09000001998

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ZELLNER, JOEL
6817 SOUTHPOINT PARKWAY #403
JACKSONVILLE, FL 32216

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road Plantation,
P.O. Box NOT acceptable
Florida 33324

2012 OCT 24 PM 2:25
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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director: Rebecca Barth

Printed or typed name and title: Rebecca Barth, Vice President

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Signature of Registered Agent: Kristin Bolden

Date: 10/24/2012

If signing on behalf of an entity: Kristin Bolden Assistant Secretary

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)