

FD9000001998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

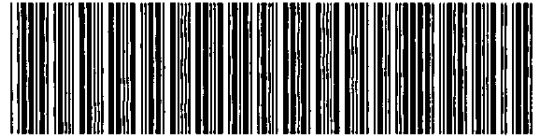
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/06/13--01026--008 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 SEP -6 PM 12:12

SEP 18 2013  
T. CARTER

**COVER LETTER**

*FODEX  
# 79661426274S*

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WorkLife Insurance Agency, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F09000001998

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Robert R. Florka**

Name of Contact Person

**Progressive Employer Insurance Agency, Inc.**

Firm/Company

**10327 Grand River, Ste. 407**

Address

**Brighton, MI 48116**

City/State and Zip Code

**rflorka@worklifehr.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Robert R. Florka**

Name of Contact Person

at ( **248** ) **879-3744**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee & Certificate of Status



\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)



\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 SEP -6 PM 12: 12

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F09000001998  
(Document number of corporation (if known))

1. WorkLife Insurance Agency, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Michigan (Incorporated under laws of)
3. 05/15/2009 (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

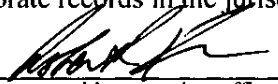
4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 08/15/2013
5. Progressive Employer Insurance Agency, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.
- NA  
(New duration)

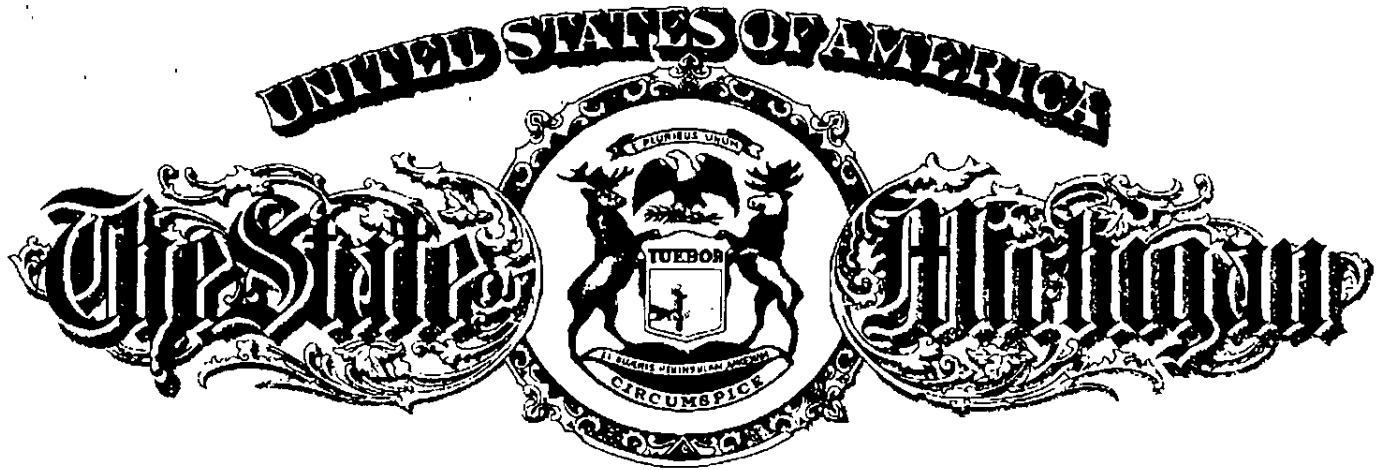
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
- NA  
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Robert R. Florka  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)



Department of Licensing and Regulatory Affairs  
Lansing, Michigan

*This is to Certify that the annexed copy has been compared by me with the record on file in this Department and that the same is a true copy thereof.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 15th day of August, 2013*

A handwritten signature in cursive script, appearing to read "Alan J. Schefke".

*Alan J. Schefke, Director  
Corporations, Securities & Commercial Licensing Bureau*

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU**

Date Received

**AUG 15 2013**

ADJUSTED PURSUANT TO  
TELEPHONE AUTHORIZATION

*Per Robert*

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

**FILED**

**AUG 15 2013**

**Administrator  
Corporation Division**

Name

Robert R. Florka

Address

10327 Grand River Ave, Ste 407

City

Brighton

State

MI

ZIP Code

48116

EFFECTIVE DATE:

Document will be returned to the name and address you enter above.  
If left blank, document will be returned to the registered office.

**CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION**

**For use by Domestic Profit and Nonprofit Corporations**

(Please read information and instructions on the last page)

*Pursuant to the provisions of Act 284, Public Acts of 1972, (profit corporations), or Act 162, Public Acts of 1982 (nonprofit corporations), the undersigned corporation executes the following Certificate:*

1. The present name of the corporation is:

WorkLife Insurance Agency, Inc.

2. The identification number assigned by the Bureau is:

528634

3. Article One of the Articles of Incorporation is hereby amended to read as follows:

The name of the corporation is: Progressive Employer Insurance Agency, Inc.

**COMPLETE ONLY ONE OF THE FOLLOWING:**

**4. Profit or Nonprofit Corporations: For amendments adopted by unanimous consent of incorporators before the first meeting of the board of directors or trustees.**

The foregoing amendment to the Articles of Incorporation was duly adopted on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in accordance with the provisions of the Act by the unanimous consent of the incorporator(s) before the first meeting of the Board of Directors or Trustees.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Signature)

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(Signature)

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(Type or Print Name)

\_\_\_\_\_  
(Type or Print Name)

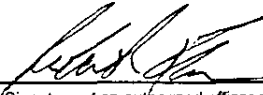
**5. Profit Corporation Only: Shareholder or Board Approval**

The foregoing amendment to the Articles of Incorporation proposed by the board was duly adopted on the 14th day of August, 2013, by the: (check one of the following)

- shareholders at a meeting in accordance with Section 611(3) of the Act.
- written consent of the shareholders having not less than the minimum number of votes required by statute in accordance with Section 407(1) of the Act. Written notice to shareholders who have not consented in writing has been given. (Note: Written consent by less than all of the shareholders is permitted only if such provision appears in the Articles of Incorporation.)
- written consent of all the shareholders entitled to vote in accordance with Section 407(2) of the Act.
- board of a profit corporation pursuant to section 611(2) of the Act.

Profit Corporations and Professional Service Corporations

Signed this AUG 14 day of 2013

By   
(Signature of an authorized officer or agent)

Robert R. Florka  
(Type or Print Name)