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SEP 1 8 2013 T. CARTER

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TO:

Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

FGDEX # 796614262745 Division of Corporations 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 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount: \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy \$52.50 Filing Fee, Certificate of Status & \$35.00 Filing Fee (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Street Address: **Mailing Address:** Amendment Section Amendment Section

Division of Corporations

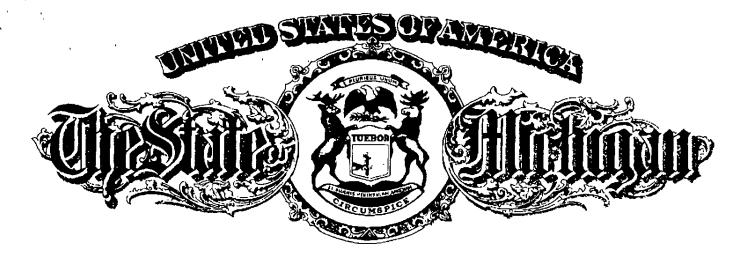
Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant	t to s. 607.1504, F.S.)	
	SECTION I ST BE COMPLETED)	SECRETATALLA!!» 13 SEP -
F09000001998		9 337 5 377
(Document num	aber of corporation (if known)	OF STATE
_{1.} WorkLife Insurance Agency, Inc.		
(Name of corporation as it appear	ars on the records of the Department of State)	P
, Michigan	3 05/15/2009	
(Incorporated under laws of)	3.05/15/2009 (Date authorized to do business	s in Florida)
	SECTION II LY THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the corpora its jurisdiction of incorporation? 08/15/2013	ation, when was the change effected under	the laws of
5 Progressive Employer Insurance Agency	y, Inc.	
(Name of corporation after the amendment, adding appropriate abbreviation, if not contained in new	g suffix "corporation," "company," or "inc name of the corporation)	orporated," or
(If new name is unavailable in Florida, enter altern business in Florida)	ate corporate name adopted for the purpose	e of transacting
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 income NA	•	
	lew jurisdiction)	
 Attached is a certificate or document of similar im 90 days prior to delivery of the application to the I having custody of corporate records in the jurisdic 	iport, evidencing the amendment, authentic Department of State, by the Secretary of State, ition under the laws of which it is incorpora	cated not more than ate or other official ated.
Motor K	E in the boards	
(Signature of a director, president or other officer - i of a receiver or other court appointed fiduciary, by	that fiduciary)	
Robert R. Florka	Secretary (Title of normal significal)	
(Typed or printed name of person signing)	(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

Jehofhe-

Alan J. Schefke, Director

Corporations, Securities & Commercial Licensing Bureau

CSCL/CD-515 (Rev. 07/13) MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU Date Received ADJUSTED PURSUANT TO TELEPHONE AUTHORIZATION Per Robour AUG 1 5 2013 FILED This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document. AUG 1 5 2013 Name Administrator Robert R. Florka Corporation Division Address 10327 Grand River Ave, Ste 407 City State ZIP Code **EFFECTIVE DATE:** Brighton MI 48116 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 One 3. Article ____ 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:

COMPLETE ONLY ONL OF THE FOLLOWING.		
first meeting of the board of directors or trustees.	opted by unanimous consent of incorporators before the	
The foregoing amendment to the Articles of Incorporation was duly adopted on the day of		
incorporator(s) before the first meeting of the Board of D	e with the provisions of the Act by the unanimous consent of the birectors or Trustees.	
Signed this	day of ,	
(Signature)	(Signature)	
(Type or Print Name)	(Type or Print Name)	
(Signature)	(Signature)	
(Type or Print Name)	(Type or Print Name)	
shareholders at a meeting in accordance wit written consent of the shareholders having n in accordance with Section 407(1) of the Act writing has been given. (Note: Written cons such provision appears in the Articles of Inco	on proposed by the board was duly adopted on the	
Signed this day of	horized officer or agent)	