

# K49774

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

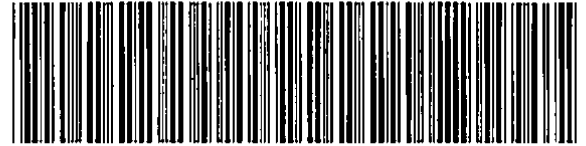
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: 3592Work Comp Associates, Inc.  
Name of Corporation

DOCUMENT NUMBER: K49774

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael D. Holleman

Name of Contact Person

Work Comp Associates, Inc.

Firm/Company

9000 Burma Road, Suite 101

Address

Palm Beach Gardens, FL 33403

City/State and Zip Code

Michael.Holleman@WorkCompAssociates.com

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

For further information concerning this matter, please call:

Michael D. Holleman

Name of Contact Person

at ( 561 ) 500-3592

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P O Box 6327

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Work Comp Associates, Inc.
2. The principal office address: 9000 Burma Road, Suite 101, Palm Beach Gardens, FL 33403
3. The mailing address (if different): same
4. Date of incorporation/qualification: 12/07/1988 Document number: K49774
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)

Barry B. Byrd

4600 Military Trail, Suite 212

Jupiter, FL 33458

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

Michael D. Holleman

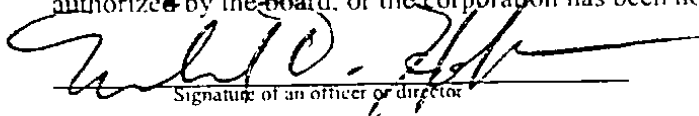
9000 Burma Road, Suite 101

P.O. Box NOT acceptable

Palm Beach Gardens, FL 33403

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

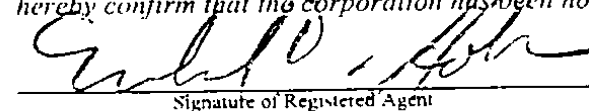
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Michael D. Holleman, President

Printed or typed name and title

*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.*



Signature of Registered Agent

07-25-2019

Date

If signing on behalf of an entity:

Typed or Printed Name

**\*\*\* 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)

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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