

P03000048282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

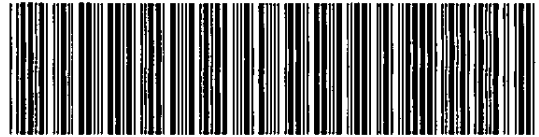
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 14 AM 11:14

RECEIVED AUG 18 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Workers Compensation Co-op, Inc
Name of Corporation

DOCUMENT NUMBER: P03000048282

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:

Samantha Hagy
Name of Contact Person

Payroll Consultants
Firm/Company

223 Morrison Rd
Address

Brandon FL 33511
City/State and Zip Code

Sam@payrollconsultants.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Hagy at (813) 6845684
Name of Contact Person 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
Tallahassee, FL 32314

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

**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: Workers Compensation Co-Op, Inc.
2. The principal office address: 223 Morrison Rd
Brandon FL 33511
3. The mailing address (if different): 223 Morrison Rd
Brandon FL 33511
4. Date of incorporation/qualification: 4/30/03 Document number: PO3000048282
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)
N.

Frank VanDeBoc JR
710 Oakfield Dr. Ste 102
Brandon FL 33511

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

Frank VanDeBoc JR
223 Morrison Rd
Brandon FL 33511

P.O. Box NOT acceptable

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.

FL
Signature of an officer or director

Frank VanDeBoc 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.

FL
Signature of Registered Agent

8/10/09
Date

If signing on behalf of an entity:

Frank VanDeBoc
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

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