

# Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

# M23000001419

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H23000417491 3)))



H230004174913ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702)866-2500  
Fax Number : (702)900-2290

2023 DEC -7 PM 1:23  
RECEIVED  
AND  
FILED

RECEIVED  
2023 DEC 7 11:03:23  
STATE  
CORPORATIONS  
FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: managedreports@incorp.com

## LLC REGISTERED AGENT CHANGE WORKFORCE INSURANCE UNDERWRITERS, LLC

Certificate of Status	0
Certified Copy	0

DEC 08 2023  
C. Brumbley

Page Count	01
Estimated Charge	\$25.00

---

Electronic Filing  
Menu

Corporate Filing Menu

Help

OVER LETTER

TO Registration Section  
Division of Corporation

SUBJECT: Workforce Insurance Underwriters, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marlene Calderon  
Name of Person  
InCorp Services, Inc.  
Firm/Company  
3773 Howard Hughes Pkwy. - Suite 500S  
Address  
Las Vegas, NV 89169-6014  
City/State and Zip Code  
managedreports@incorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlene Calderon on behalf of InCorp Services, Inc. at 800-246-2677  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. Name of the limited liability company: Workforce Insurance Underwriters, LLC
2. (a) 10752 DEERWOOD PARK BLVD. (b) 10752 DEERWOOD PARK BLVD.
Principal office address of limited liability company Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
SOUTH WATERVIEW II, STE. 100 SOUTH WATERVIEW II, STE. 100
Jacksonville, FL 32256 Jacksonville, FL 32256

- 3. 02/02/2023 Date of filing/registration in Florida 4. M2300000419 Document number

- 5. (a) OBREGON, JAMES M Registered Agent and Registered Office shown on the records of the Florida Dept. of State
10752 DEERWOOD PARK BLVD.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SOUTH WATERVIEW II, STE. 100
JACKSONVILLE FL 32256

- (b) InCorp Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address
3458 Lakeshore Drive
NEW Registered Office Address
Tallahassee FL 32312

2023 DEC -7 PM 1:23
APPROVED AND FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member Jessica Bloom
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
Louise Breytenbach on behalf of InCorp Services, Inc.
Signature of Registered Agent