

P08000094984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700166333267

01/20/10--01020--025 \*\*35.00

FILED

2010 FEB -5 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

TB

FEB -5 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Stroman Herbal and Fitness, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P08000094984

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:

Diane E. Kalinowski  
Name of Contact Person

MyLLC.com  
Firm/Company

5716 Corsa Ave., Ste 110  
Address

Westlake Village, CA 91362  
City/State and Zip Code

diane.kalinowski@myllc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane E. Kalinowski at ( 888 ) 886-9552  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2010

DIANE E KALINOWSKI  
MYLLC.COM  
5716 CORSA AVE STE 110  
WESTLAKE VILLAGE, CA 91362

SUBJECT: STROMAN HERBAL AND FITNESS, INC.  
Ref. Number: P08000094984

We have received your document for STROMAN HERBAL AND FITNESS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 710A00001855

**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: Stroman Herbal and Fitness, Inc.
2. The principal office address: 650 Misty Breeze St.  
Davenport, FL 33897
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/21/2008 Document number: P08000094984
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)

USA-RA, LLC

841 Prudential Dr. 12th Floor

Jacksonville, FL 32207

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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.

*Dorothy Stroman*  
Signature of an officer or director

Dorothy Stroman  
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.*

*Diane E. Kalinowski*  
Signature of Registered Agent

01/15/2010  
Date

If signing on behalf of an entity:

Diane E. Kalinowski  
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 (8/05)

FILED  
2010 FEB -5 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA