

P12000015332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 30 2012
C. MUSTAIN

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Strassman Insurance Associates inc.
Name of Corporation

DOCUMENT NUMBER: P 120000 15332

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:

Bradley Strassman
Name of Contact Person

Strassman insurance Associates inc.
Firm/Company

3895 lake emma rd #121 Lake Mary FL 32746
Address

Lake Mary, FL, 32746
City/State and Zip Code

Brad @ Sigind.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bradley Strassman at (407) 937 9801
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

April 3, 2012

BRADLEY STRASSMAN
3895 LAKE EMMARD RD #121
LAKE MARY, FL 32746

SUBJECT: STRASSMAN INSURANCE ASSOCIATES INC.
Ref. Number: P12000015332

We have received your document for STRASSMAN INSURANCE ASSOCIATES 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 412A00010834

**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: Strassman Insurance Associates inc.
2. The principal office address: 3895 Lake Emma rd # 121
Lake Mary, FL 32746
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/18/12 Document number: P12000053

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)

United States Corporation Agents inc.
13302 Winding oak court suite A
Tampa, FL 33612

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

Bradley Strassman
3895 Lake Emma rd # 121
Lake Mary FL 32746

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.

[Signature]
Signature of an officer or director

Bradley Strassman 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]
Signature of Registered Agent

4/18/12
Date

If signing on behalf of an entity:

Strassman Insurance Associates inc
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)