

P18 0000 38610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

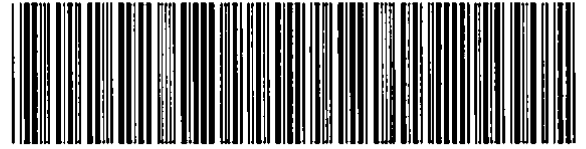
(Business Entity Name)

(Document Number)

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MAY 26 2020

I ALBRITTON

# COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Strategic International Associates Inc  
Name of Corporation

DOCUMENT NUMBER: P18000038610

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:

Thomas Hallen

Name of Contact Person

Strategic International Associates Inc

Firm/Company

4301 S Flamingo Rd, Ste 106 Suite 13988

Address

Davie, FL 33330

City/State and Zip Code

S2018INC@gmail.com

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

For further information concerning this matter, please call:

Thomas Hallen

Name of Contact Person

at (754) 216-9919

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CR21E045 (04/13)

Updated version



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2020

THOMAS HALLEN  
4301 S. FLAMINGO RD  
STE. 106  
DAVIE, FL 33330

SUBJECT: STRATEGIC INTERNATIONAL ASSOCIATES INC.  
Ref. Number: P18000038610

We have received your document for STRATEGIC INTERNATIONAL 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):

You failed to list the new registered agent in the space provided.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 920A00008618

**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: Strategic International Associates Inc
2. The principal office address: 4301 S Flamingo Rd, Ste 106, Suite 13988, Davie, FL 33330
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/25/2018 Document number: P18000038610
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)

Legaline Corporate Services Inc

5237 Summerlin Commons, Suite 400

Fort Myers, FL 33907

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

Thomas Hallen

4301 S Flamingo Rd, Ste 106, Suite 13988

P.O. Box NOT acceptable

Davie, FL 33330

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 of an officer or director

Thomas Hallen

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

5/17/2020  
Date

If signing on behalf of an entity:

Thomas Hallen

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 (04/13)