## 2000023320

(Requestor's Name)  (Address)  (Address)	300042232583				
(City/State/Zip/Phone #)		MJH			
(Business Entity Name)  (Document Number)	12/09/0401002010	**25.00			
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:  [2] A Wang	TALLAGA SE PLOM	04 DEC -8 PM 2:			
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Office Use Only



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 15, 2004

HECTOR CAIN 11216 SW 125 PLACE MIAMI, FL 33186

SUBJECT: FORTUNE BUILDERS, LLC

Ref. Number: L02000023320

We have received your document for FORTUNE BUILDERS, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

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) 245-6967.

Letter Number: 204A00064970

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the lim	ited liability comp	oany is: Fortune I	Builders, LLC					
2. The mailing address				lace			<del>-</del>	
Miami, Florida 3318	6							
09/09/2002			L02000023320					
3. Date of filing/registration in Florida			4. Document number					
5. The name of the regin Florida Department	stered agent and the	he registered office	address as shown o	on the	records o	of the		
-	Hector, Orla	ndo A			_			
	11216 SW 1	Name 25 Place		= 0				
		Address		••		]4		
	Miami, FL 33					04 DEC	11	
	-	City, State and Z	ip		527	8	CHANGE A	
6. The name and address of the new registered agent and/or office:			TT1	포				
	Hector Ricardo Caif					-		
	Name 11216 SW 125 Place					2: 43		
	Florida street address (P.O. Box NOT acceptable)			.+ 4.	Ţ			
	Miami	<sub>FL</sub> 3318	6					
		City, State and Zip						
If the limited liability c confirmed that after the and the business office liability company, it is the members of the lim the operating agreement (Signature of a member or aut	change or change of the registered a hereby confirmed ited liability comp t of the limited lia	es are made, the Flogent will be identice that the change(s) vany or as otherwise bility company.	rida street address	of the i	registere	d offi	ce rote of 1 or	
Hector Ricardo Caif								
(Printed or typed name of sign	ce)		1 a		-			
I hereby accept the app comply with the provist and I am familiar with Chapter 608, F.S. Or, address, I hereby config Signature of Registered App	pointment as regis ons of all statutes and accept the ob- if this document is my that the limited	tered agent and agi relative to the prop ligations of my posi being filed to mere Viability company i	ree to act in this ca er and complete pe ion as registered a ly reflect a change has been notified in	pacity. erform igent a in the writin	I furthe ance of i is provid register ig of this	er agr ny du led for led off s chan	ree to ties, r in fice ige.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

NHS18(10/99) FILING FEE: \$25.00