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T. CLINE

AUG 1 4 2008

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	Fortune International Partners		
	(Name of Limited Liability Company)		

Dear Sir or Madam:

TA BY

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

Please return all correspondence concerning this matter to the following:

Nancy Oyarzabal

(Name of Person)

Fortune International Partners

(Firm/Company)

1865 Brickell Ave Ste A-1414

(Address)

Miami FL 33129

(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Oyarzabal

(Name of Person)

at (<u>305</u>) <u>858 - 7756</u> (Area Code & Daytime Telephone Number) B

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13 AMII:

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

S25 Filing Fee

**\$55 Filing Fee & Certified Copy** 

INHS18 (5/08)

## 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. Name of the limited liability company: Fortune Int	ernational Partners
<ol> <li>(a) Principal office address of limited liability comparing (<u>Note: MUST BE STREET ADDRESS</u>)</li> </ol>	ny: <u>1865 Brickell Ave Ste A-1414</u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1865.Brickell Ave Ste A-1414         B           Miami FL 33129         B
5/2/2008	
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	, Kristi Truong
Registered Office Address:	6801 Lake Worth-rd
	Lake Worth F1 33467
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address
NEW Registered Agent:	ANA MARIA POL
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1865 Brickell Ave Ste A-1414         Annual Ste A           Miami         FL 33129         Annual Ste A
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the c hereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles o limited liability company.	laws of the State of Florida, it is hereby confirmed et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative yote of the members of the limited
Signature of a member or authorized representative of a member)	_
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pre am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the hinited liability company has been notified	gree to act in this capacity. I further agree to Sper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.
(Signature of Registered Agent)	
Division of Corporations, P.O. Box FILING FEE	
INHS18 (05/08)	