

L08000063201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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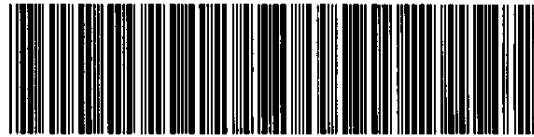
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUL - 8 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2009

FORTUNE ALABI
FORTUNE AND PRINCE HOLDINGS, LLC
1617 CHATHERD PL
ORLANDO, FL 32814

SUBJECT: FORTUNE & PRINCE HOLDINGS, LLC
Ref. Number: L08000063201

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TALLAHASSEE, FLORIDA

We have received your document for FORTUNE & PRINCE HOLDINGS, LLC 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 completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 709A00019919

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Fortune and holdings LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Fortune Alabi

Name of Person

Fortune Alabi LLC
Firm/Company

1617 Chalfield Pl

Address

Orlando FL 32814

City/State and Zip Code

fortunealabi@yahoo.com

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

For further information concerning this matter, please call:

Fortune Alabi at (321) 695 2479

Name of Person

Area Code & Daytime Telephone Number

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:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

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 and Prince Holding LLC
2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

1617 Chaffee Rd
Orlando FL 32801



- (b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Same

June 27, 2008

3. Date of filing/registration in Florida

4. Document number

20800006320

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Corpuscular Service Company

Registered Office Address:

1201 Hays St
Tallahassee FL 32301

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Christine Ackley

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

410 Cape Graham Pk Suite 306
Cape Graham FL 32427
,FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Fortune ALA.31

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00