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(Requestor's Name) (Address) (Address)	000271093960
(City/State/Zip/Phone #)	03/27/1501017011 ** 25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	DIVISION OF CONT 15 MAR 27 PH
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C.L., K



CORPORATION SERVICE COMPANY

CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

) 📥

From: Janis M. Smith janis.smith@cscglobal.com

Date: March 25, 2015

Order#: 540425/016

Re: FORTUNE GOODS LLC

Enclosed please find:

 $\frac{XX}{XX}$ Change of Registered Agent and Office. $\frac{XX}{XX}$ Check in the amount of \$25....

Please take the following action:

XXFile in your office on a routine basis.XXIssue Proof of Filing.XXReturn Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: FORTUNE GOO	DDS, L	L.C.				
2 (a)		7995 Mahogany Run Lane	(b) 7995 Mahogany Run Lane					
(-		Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Naples FL 34113	_	Naples, FL 34113				
		08/29/2012	_	L120	00111397			
3.		Date of filing/registration in Florida	4.		Document number			
5 (a)	William G. Morris						
5. (a)	aj	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. o	f State:			
		247 N COLLIER BLVD, Suite 202						
		Registered Office Address <u>(MUST BE FLORIDA STREET A</u>		<u>(S)</u>				
							0	
						15	MSE MSE	
		Marco Island , FL	3414	15		HAR		
						27		
(b)))	Corporation Service Company	0.000			рн		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	daress:			020	
		1201 Have Street				بب 2	실험	
		1201 Hays Street <u>NEW</u> Registered Office Address:			<u></u>	-		
		<u>Min</u> Registrice Office Address.						
			,					
		Tallahassee , FL	3230	1				
the c agen was/	ha t w we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	the reg ability of f the li	sistered of company mited list	office and the business office , it is hereby confirmed that ability company or as otherw	of the rothe rothe chan	egistered ge(s)	
	1		Do	ona Priel	be, Authorized Person			
Sig	, fe	ure 1 a member of authorized representative of a member			Printed or typed name of sig	inec		

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 605, 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 & Registered Agent Corporation Service Company BY: Sylvia Queppet, Asst. Vice President

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