## L1300004a599

(Requestor's Name)						
(Address)						
(Address)						
(City/S	State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

Office Use Only



000286038350

05/24/16--01021--004 \*\*25.00

16 MAY 24 PH 2: 36

J. HARRIS

## ' COVER LETTER

_	stration Section sion of Corporations						
SUBJECT: FORTUNE13 LLC							
22222	Name of Limited Liability Company						
Dear Sir or N	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:							
Nancy Lur	na						
	Name of Person						
Rocket Lawyer							
	Firm/Company		•				
5850 Grar	nite Parkway, Suite 215						
	Address						
Plano, TX	75024						
	City/State and Zip Code						
nancy@le	galinc.com						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Nancy Lur	na	818 _ at (	967-1467				
	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		Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314				
Enclosed is a check for the following amount:							
☑ \$:	25 Filing Fee	<b>\$55</b>	Filing Fee & Certified Copy				

INHS18 (2/14)

## 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: FORTUNE13	LLC		
2. (	a)		(	b)	
_, ,	, .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	-, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		21 KARALL ST ORMEAU QUEENSLAND		21 KA	ARALL ST ORMEAU QUEENSLAND
		ORMEAU, QUEENSLAND, QL 4208 AU	_	ORMI	EAU, QUEENSLAND, QL 4208 AU
		03/21/2013		L130000	042599
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	NRAI SERVICES, INC			
٥.	(11)	Registered Agent and Registered Office shown on the records of t	he Floric	la Dept. of Sta	te:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1200 South Pine Island Road			_
		Plantation , FL	3	3324	_
(	b) .	Enter name of NEW Registered Agent and/or NEW Registered Office address:  LEGALINC CORPORATE SERVICES INC.			16 MAY 24 SECKETANY ALLAHASSE
		NEW Registered Office Address:			
		5237 SUMMERLIN COMMONS SUITE 400			2: 36 PORIO
		FORT MEYERS ,FL	3	33907	- S
the ager was	cha nt w /we	mited liability company is not organized under the law inge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the the reg ability of the lin limited	istered offic company, it nited liabili liability co	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
		judyrobertaon	juc	ly robertso	
I he protein the notion	eret visio obli iere fied	ure of a member or authorized representative of a member by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a considered by the control of this change.	ee to ac perforn I for in nereby c	et in this cap nance of my Chapter 60 confirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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