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TALLAHASSEE, FLORED

JUN 0 7 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:						
Name o	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	Change and fo	ee(s) are submitted for filing.				
Please return all correspondence concerning this n	natter to the fo	ollowing:				
WANDA SMITH						
Name of Person		_				
ALLURE TOTAL PROPERTY MANAGEM	MENT, LLC					
Firm/Company		-				
2888 HOLLYBAY RD.						
Address		_				
ORANGE PARK, FL 32073						
City/State and Zip Code		_				
WSMITHATPM@GMAIL.COM						
E-mail address: (to be used for future annual	report notific	ation)				
For further information concerning this matter, ple	ease call:					
WANDA SMITH	904	614.2303				
Name of Person		Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MA	ILING ADDRESS:				
		istration Section				
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle	Talla	ahassee, Florida 32314				
Tallahassee, Florida 32301						
Enclosed is a check for the following an	nount:					
22 \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy				
INHS18 (2/14)						

TALLES AMILO

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.

l. Na	Name of the limited liability company: ALLURE TOTAL PROPETY MANAGEMENT, LLC					
2. (a)	2888 HOLLYBAY RD. ORANGE PARK,FL 32((b) 2888	HOLLYBAY RD. ORAN	GE PARK FL		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	MAY 27, 2016					
3.	3 . 3	4.	Document number	JUH-6 AMII: 02		
i. (a)	715 COVE STREET GREEN COVE SPRINGS	s, FL 32043		and come		
	Registered Agent and Registered Office shown on the records of the	Florida Dept. of S	tate:	တီ ငို		
	715 COVE STREET					
	Registered Office Address	DRESS)		= [
				AM II: 02		
	GREEN COVE SPRINGS FL 3	2043		-		
	1 2					
(b)	2888 HOLLYBAY RD. ORANGE PARK, FL 320	073				
(-)	Enter name of NEW Registered Agent and/or NEW Registered Off	fice address:	_			
	2888 HOLLYBAY RD.					
	NEW Registered Office Address:					
	ORANGE PARK	2073	_			
						
he cha igent v was/wo	imited liability company is not organized under the laws on the changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization, or the operating agreement of the limited liabilities.	e registered off lity company, i he limited liabi	fice and the business office of it is hereby confirmed that the lity company or as otherwis	of the registered ne change(s)		
115	anda Anith	WANDA S				
Signa	ture of a member or authorized representative of a member		Printed or typed name of sign	ee		
provisi he obi o mer	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided for the registered office address, I her i in writing of this change.	to act in this c rformance of n or in Chapter (eby confirm th	apacity. I further agree to c ny duties, and I am familiar 105, F.S. Or, if this docume at the limited liability compo	comply with the with and accept nt is being filed any has been		
100 Signatu	man Amy The re of Registered Agent					