

M20 000000 9910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

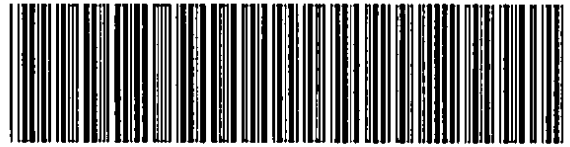
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800376298728

11/17/21--01024--001 \*\*25.00

FILED  
2021 NOV 17 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALLURIA PARTNERS, LLC  
Name of Corporation

**DOCUMENT NUMBER:** M20000009910

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anastasia Degroat

Name of Contact Person

Vcorp Services, LLC

Firm/Company

25 Robert Pitt Drive Suite 204

Address

Monsey, NY 10952

City/State and Zip Code

david.segrera@gbbpl.com

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

For further information concerning this matter, please call:

Anastasia Degroat

Name of Contact Person

at ( 845 ) 425 0077

Area Code & Daytime Telephone Number

Enclosed is a \$25 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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. Name of the limited liability company: ALLURIA PARTNERS, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

2695 S. LEJEUNE RD, SUITE 300

CORAL GABLES, FL 33134

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

2695 S. LEJEUNE RD, SUITE 300

CORAL GABLES, FL 33134

November 3, 2020

M20000009910

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:

VCORP SERVICES, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5011 SOUTH STATE ROAD 7, SUITE 106

DAVIE, FL 33314

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

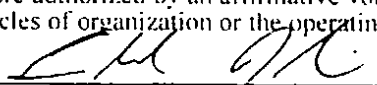
EDUARDO RUBIO

NEW Registered Office Address:

2695 S. LEJEUNE RD, SUITE 300

CORAL GABLES, FL 33134

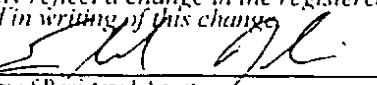
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Eduardo Rubio

Printed or typed name of signee

*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 of Registered Agent

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

FILED  
2021 NOV 17 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FL