P10000012590

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(City/State/Zip/Phone #)				
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(Business Entity Name)				
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Allure Fine Gifts, Inc

Name of Corporation

DOCUMENT NUMBER

P10000012590

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:

Jeffrey Beauchamp

Name of Contact Person

Beauchamp & Edwards, CPAs

Firm/Company

PO Box 1777

Address

Chiefland, FL 32644

City/State and Zip Code

jeffrey@beauchampedwardscpa.com

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

For further information concerning this matter, please call:

Jeffrey Beauchamp

_⊶ , 35∠

493-4808

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	e is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida i organized under the laws of the State of _ registered agent, or both, in the State of I	Florida	
	Allena Elea d	,	rioriaa.	
 The name of the The principal off 	fice address: 1715 N Young			
2. The principal off	rice address.			
3. The mailing addr	ress (if different): PO Box 13	322		
		FL 32644		
4. Date of incorpora	ation/qualification: 02/10/20	10 Document number: P1000	00012590	
5. The name and str		ered agent and registered office on file w	ith the	
G	enny D Foshee			
92	250 NW 60th Ave		201 S	
С	hiefland, FL 32626		2015 OCT 2 SECRETAT	П
6. The name and str (if changed):	reet address of the new registered	d agent (if changed) and /or registered of	TARY OF ASSEE, F	m
Je	effrey D Beauchamp		FLOR FLOR	
10	05 E Park Ave		TE AIDA	
P.O. Box NOT acceptable				
<u>C</u>	hiefland, FL 32626			
The street address as changed will be	of its registered office and the s identical.	street address of the business office of its	s registered ag	gent,
Such change was a authorized by the b	uthorized by resolution duly adopoard, or the corporation has been	opted by its board of directors or by an en notified in writing of the change.	officer so	
Jan Beauchamp, President Printed or typed name and title				
performance of my agent. Or, if this d	comply with the provisions of all duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and com and accept the obligation of my position o reflect a change in the registered offic fied in writing of this change.	i as registered	ı
Signatur	re of Registered Agent	10/06/15 Date		_
If signing on behalf				
Typed	or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *