

L19000076150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

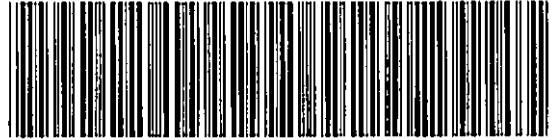
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100361083701

03/09/21--01012--003 **35.00

R. WHITE
JUN 8 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 JUN -1 AM 11:08
S
FL

May 17, 2021

PAUL BENOLIEL
20845 NE 30 CT
AVENTURA, FL 33180

SUBJECT: THE HUMAN SPACES LLC
Ref. Number: L19000076150

We have received your document for THE HUMAN SPACES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 821A00010375

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE HUMAN SPACES LLC
Name of Limited Liability Company

Dear Sir or 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:

PAUL BENOLIEL
Name of Person

THE HUMAN SPACES LLC
Firm/Company

20845 NE 30 CT
Address

AVENTURA, FL 33180
City/State and Zip Code

PAUL BENOLIEL @ HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL BENOLIEL at (305) 3434766
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: THE HUMAN SPACES LLC

2. (a) 20845 NE 30 CT (b) 20845 NE 30 CT
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

AVENTURA, FL, 33180 AVENTURA, FL 33180

3. 03/19/2019 4. L19000076150
01/14/2020 (PB) Date of filing/registration in Florida Document number

5. (a) PAUL BENOLIER
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

21008 NE 34 CT
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

AVENTURA, FL 33180

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

20845 NE 30 CT
NEW Registered Office Address:

AVENTURA, FL 33180

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] PAUL BENOLIER
Signature of a member or authorized representative of a member 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]
Signature of Registered Agent