

L23 0000 99768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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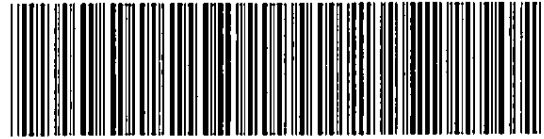
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dream Space Renovations 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:

Misael Paula
Name of Person

Misael Paula
Firm/Company

19835 SW 87th Ct
Address

Cutler Bay Florida, 33157
City/State and Zip Code

dsremodelations@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Misael Paula at (03/16/2023) 786 770 1618
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: Dream Space Renovations LLC

2. (a) 11930 SW 185th Terr Miami, Florida 33177

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 11930 SW 185th Terr Miami, Florida 33177

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 02/24/2023

Date of filing/registration in Florida

L23000099768

4. Document number

5. (a) Paula, Misael M.SR

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

11930 SW 185th Terr Miami, Florida 33177

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

11930 SW 185th Terr

MIAMI, FL 33177

(b) Paula, Misael

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

19835 SW 87th Ct Cutler Bay, FL 33157

NEW Registered Office Address:

19835 SW 87th Ct

Cutler Bay, FL 33157

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.

Misael Paula
Signature of a member or authorized representative of a member

Misael Paula

Printed or typed name of signer

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.

Misael Paula
Signature of Registered Agent

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