I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MGR

SIGNATURE: ALFRED SPELLMAN

Electronic Signature of Signing Authorized Person(s) Detail

Title	MGR	Title	MGR	
Name	SPELLMAN, ALFRED	Name	COHEN, WILLIAM	
Address	PO BOX 403004	Address	PO BOX 403004	
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140	

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	Electronic Signature of Registered Agent			
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	SPELLMAN, ALFRED	Name	COHEN, WILLIAM	
Address	PO BOX 403004	Address	PO BOX 403004	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

927 LINCOLN RD **STE 200**

FEI Number: 26-0462665

Name and Address of Current Registered Agent:

RAKONTUR LLC

MIAMI BEACH, FL 33139 US

SIGNATURE:

Current Mailing Address:

PO BOX 403004 MIAMI BEACH, FL 33140 US

Entity Name: THE SEQUELS OPERATION, LLC

DOCUMENT# L07000034035

Current Principal Place of Business:

927 LINCOLN RD **STE 200** MIAMI BEACH, FL 33139

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

Date

04/26/2021 Date

FILED Apr 26, 2021 Secretary of State 3117276908CC