La1000289915

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	DLC Marketing & Consulting LLC		
	Name of	Limite	d Liability Company
Dear Sir	or Madam:		
The enclo	osed Registered Agent/Registered Office C	nange :	and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this mat	tter to s	he following:
Adan De l	La Cruz		
	Name of Person	-	
DLC Mari	keting & Consulting LLC		
	Firm/Company		
124 North	Nova Rd 5019		
	Address		
Ormand B	Beach, FL 32137		
	City/State and Zip Code		
mcill21@g	gmail.com		
E-m	nail address: (to be used for future annual re	port no	puffication)
	er information concerning this matter, please		
Ada De La	a Cruz	631	559-9877
	Name of Person		Area Code & Daytime Telephone Number
<u>N</u>	Iailing Address:		Street Address:
R	egistration Section		Registration Section
מ	Division of Corporations		Division of Corporations
	.O. Box 6327		The Centre of Tallahassee
1 7	allahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Ęı	nclosed is a check for the following amou	nt:	
- 1	S25 Filing Fee		\$55 Filing Fce & Certified Copy

INHS18 (2/14)

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.

l. Na	ame of the limited liability company:	DLC Marketing & Co	onsultin	g LLC	
2. (a)	124 North Nova Rd 5019, Ormond Beach	n, FL 32174	(ъ)	124 North	Nova Rd 5019, Ormond Beach, FL 32174
	Principal office address of limited liab (Note: MUST BE STREET AL	ility company: DDRESS)	(-)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4/4/24				
3.			I.	.210002S99	15
	Date of filing/registration in	Florida	4.		Document number
5. (a)	Convery Tax & Accounting				_
	Registered Agent and Registered Office show Convery Tax & Accounting	n on the records of the l	Florida I	Dept. of State	:
	Registered Office Address MUST BE FI	ORIDA STREET ADI	ORESS)		
	Palm Coast	. FL ³²¹	137		
(b)	Convery Tax & Accounting				_
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			7074	
	Convery Tax & Accounting			<u>-1.11</u> .	PILED PR 12 PH
	NEW Registered Office Address:				2 2 1
	50 Leanni Way Ste C2				
	Palm Coast	FT 321	37		16.7 mg 36
f the li	mited lightling company is not associate	, ^ 2			
vas/we	or changes are made, the Florida stree vill be identical. Or, in the case of a Flore authorized by an affirmative vote of cles of organization or the operating ag	orida limited liabili	ty com	pany, it is	ucicuy confirmed that the change(c)
	ure of a member or authorized representative of			Do La Cruz	•
hereh	N. account the annual .	_			Printed or typed name of signee
otified	ly reflect a change in the registered of in writing of this change.	l agent and agree to rand complete perf ent as provided for lice address, I here	o act in orman in Chi by conj	this capac ce of my di apter 605, firm that th	city. I further agree to comply with the uties, and I am Jamiliar with and accept F.S. Or, if this document is being filed the limited liability company has been
101	nathan Convery				