K220000 68027

(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



900395091549

10/24/22--01028--021 **35.00

2022 OCT 24 PN 4: 38

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	DL SECUENCIAL LLC		
semie.		me of Limited	Liability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filing.
Please retur	rn all correspondence concerning the	his matter to t	he following:
MARITZA	GONZALEZ		
	Name of Person		
TURNER &	ASSOCIATES LLP		
	Firm/Company		
2893 EXEC	UTIVE PARK DRIVE #204		
	Address		
WESTON F	FL 33331		
	City/State and Zip Code		
mgonzalez@	gturnercpas.com		
E-ma	il address: (to be used for future an	nual report no	otification)
For further	information concerning this matter	r, please call:	
Maritza Gor	nzalez	305 at (377-0777
	Name of Person	a. (Area Code & Daytime Telephone Number
Re Di P.(gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the followin	g amount:	
	\$25 Filing Fee	٠	\$55 Filing Fee & Certified Copy
INHS18 (2/1	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.

1. Na	ame of the limited liability company: DL SECUENCI	AL LLC	 		
2. (a)		(b)		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	730 W Hallandale Beach Blvd Unit 104		730 W Hall	andale Beach Blvd Unit 104	
	Hallandale Beach, FL 33009		Hallandale Beach, FL 33009		
	02/09/2022				
3.	Date of filing/registration in Florida	4.		Document number	
	CALDERARO, SANDRA R	٦.	•	bocament named	
5. (a)	Registered Agent and Registered Office shown on the records of	of the Floric	la Dept, of State	: ~	
			•	1022 Tr	
	Registered Office Address (MUST BE FLORIDA STREET				
	40 SW 13TH STREET STE 803			2 1	
	MIAMI , F	L_33130		2022 OCT 24 PH 4: 38 SECRETARY OF STATE	
(b) .	DOLORES AYERZA			1910 H	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			E G	
	NEW Registered Office Address:				
	730 W Hallandale Beach Blvd Unit 104				
	Hallandale Beach	TL			
change agent v was/we	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne register liability c s of the lin	ed office and ompany, it is nited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
;	ture of a member or authorized representative of a member	DC	LORES AYE		
				Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to ac le perforn led for in I hereby c	t in this capa tance of my d Chapter 605, confirm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
Signatu	ire of Registered Agent				

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