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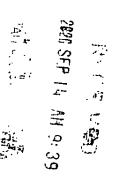
(Requestor's Name)
(Address)
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PICK-UP AIT MAIL
PICK-UP MAJL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT:
	(Name of Corporation)
DOC	UMENT NUMBER: P19000020497
The er	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
Sean R	Rowland
	(Name of Person)
Double	e Helix, LLC
	(Name of Firm/Company)
1361 R	Royal Palm Square Blvd Suite 7
	(Address)
Fort M	Iyeis, FL 33919
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call;
Sean R	(Name of Person) 239 908-1312 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
<b>1</b> "	and is a physic for \$25.00 made normal to the Florida Domestry out of State

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Sean Rowland	Director , hereby resign as	
1	, nercy resign as	(Title)
DHSI, Inc. of		
	(Name of Corporation)	
P19000020497 (Document Number, if kno	a corporation organized under the	laws of the State of
Florida	<u></u>	
_8	(Signature of resigning officer/director)	2020 ( 1.) A
		N1 10:

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314