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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: WD-40 COMPANY

Name of Corporation

DOCUMENT NUMBER: F00000004846

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHARON COOKE

Name of Contact Person

Paracorp Incorporated

Firm/Company

2804 Gateway Oaks Dr #200

Address

Sacramento, CA 95833

City/State and Zip Code

annualreports@myparacorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PARACORP INCORPORATED

,,888

272-3725

Name of Contact Person

Area Code & Daytime Telephone Number

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

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: WD-40 COMF		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 08/28/20	00	
	street address of the current register tment of State: (If resigned, enter re		
6. The name and (if changed):	street address of the new registered	m o - o	コニーロで
	155 Office Plaza Dr P.O.Bo Tallahassee, FL 323		
as changed will	be identical.	treet address of the business office of its registered agent.	
Signatur I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered ages o comply with the provisions of all my duties, and I am familiar with a	Richard T. Clampitt, Corp Secretary Printed or typed name and title at and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as registered or reflect a change in the registered office address. I fied in writing of this change.	
Share Sign	nature of Registered Agent	6/10/2016 Date	
	OKE, ASST SECRETARY ped or Printed Name		

* * * FILING FEE: \$35.00 * * *