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(Address)	
(Address)	
(City/State/Zip/Phone #)	
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COVER LETTER

Division of Corporations				
Washoff n Seal LLC SUBJECT:				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Henry Carrazana				
Name of Person				
Washoff N Seal LLC				
Firm/Company				
10845 SW 243 LN				
Address				
Homestead/FL/33032				
City/State and Zip Code				
washoffnseal@gmail.com				
E-mail address: (to be used for future annual r	eport notification)			
For further information concerning this matter, plea	se call:			
Henry Carrazana	305 746-6630			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amo	ount:			
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

TO: Registration Section

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

fame of the limited liability company: Washoff N Se	eal LLC			
10845 SW 243 LN Homestead FI 33032	(b) 1084	(b) 10845 SW 243 LN Homestead,FL 3303		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)			
		L1700020	2550	
Date of filing/registration in Florida	4.	Document number		
Henry Carrazana				
Registered Agent and Registered Office shown on the records of	the Florida Dept. o	l'State:		
10845 SW 243 LN				
Registered Office Address	ADDRESS)	<u> </u>		
Homestead Fi	33032	<u></u>	ದ	
Juliana Castillo			130 -	
Enter name of NEW Registered Agent and/or NEW Registered	d Office address:		‡ ! 26	
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	<u>,</u>		$\dot{\wp}$	
NEW Registered Office Address:		; 	40	
, FI				
limited liability company is not organized under the la range or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization of the operating agreement of the	t the registered lability company of the limited li	office and the business y, it is hereby confirmed ability company or as o	I that the change(s)	
/ ///_	Henry Ca			
(!! b/Youtanne		Printed or typed nam		

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

notified in writing of this change.

Signature of Registered Agent