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R. WHATE
JUN 1 (2028

COVER LETTER

Division of Corporations	
WASHED AND DELIVERED LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	age and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
DEMETRIOS MASTOROS	
Name of Person	
WASHED AND DELIVERED LLC	
Firm/Company	
7601 E TREASURE DRIVE APT 2216	
Address	
NORTH BAY VILLAGE, FLORIDA 33141	
City/State and Zip Code	
MASTOROSDEMETRIOS@GMAIL.COM	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please of	rall:
DEMETRIOS MASTOROS 3- at (47 4366387
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	t:
□ \$25 Filing Fee	\$55 Filing Fee & 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.

1. Na						
2. (a)	7601 E TREASURE DRIVE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 7601 E TREASURE DRIVE			
			(-,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	APT 2216	_		APT 2216		
	NORTH BAY VILLAGE, FLORIDA 33141	_		NORTH BAY VILLAGE, FLO	RIDA 33141	
	12/18/2019		L	.20000000626		
3.	Date of filing/registration in Florida	4.	-	Document number		
5. (a)	United States Corporation Agents Inc					
(-)	Registered Agent and Registered Office shown on the records of t	Dept. of State:				
	5575 South Semoran Blvd				~	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	Suite 36				·	
	Orlando , FL	32822			· · ·	
	Down trian Manage				÷ ,	
(b)				<u></u>	45	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	add	<u>ress</u> :	51	
	7601 E Treasure Drive				J	
	NEW Registered Office Address:	***************************************				
	apt 2216		_			
	North bay village, FL_	33141				
change agent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility f the li	ered con imit	d office and the business office npany, it is hereby confirmed (led liability company or as oth	of the registered	
<u>G:</u>	Demetrios Mastoros ure of a member or authorized representative of a member	D	eme	trios Mastoros		
				Printed or typed name	•	
provisi the obli to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I ha I in writing of this change.	re to a perford for in ereby	net it man 1 Ch 1 con	n this capacity. I further agre ice of my duties, and I am fam iapter 605, F.S. Or, if this doo ifirm that the limited liability o	e to comply with the siliar with and accept cument is being filed company has been	
Z	Pemetrios Mastoros					

Signature of Registered Agent