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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.
Account Number : 076077002775
Phone : (407)760-4670
Fax Number : (321)379-7978

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dfricke@whww.com

STATE OF FLORIDA
TALLAHASSEE, FL

2023 MAY 17 AM 9:29

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2023 MAY 17 PM 12:32

REGISTERED AGENT CHANGE
VAN AN CO., INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Van An Co., Inc.

2. The principal office address: 329 Park Avenue North, Second Floor, Winter Park FL, 32789

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/20/1986 Document number: 847260

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

WHWW, Inc.
329 Park Avenue North, Second Floor
Winter Park FL 32789
P.O. Box NOT acceptable

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STATE DEPARTMENT OF STATE
TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

DocuSigned by
Deborah Fricke Signature of an officer or director
Deborah Fricke, Authorized Representative Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

DocuSigned by
Deborah Fricke Signature of Registered Agent
05/17/2023 Date

If signing on behalf of an entity:
Deborah Fricke, Vice President
Typed or Printed Name

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