

493356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

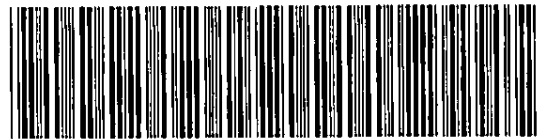
(Business Entity Name)

(Document Number)

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2019 JAN 22 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 23 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vann Interiors, Inc.
Name of Corporation

DOCUMENT NUMBER: 493356

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:

Virginia Hale

Name of Contact Person

Vann Interiors, Inc.

Firm/Company

316 Seaboard Avenue

Address

Venice, FL 34285

City/State and Zip Code

vahale99@yahoo.com

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

For further information concerning this matter, please call:

Virginia Hale

Name of Contact Person

at (941) 484-0996

Area Code & Daytime Telephone Number

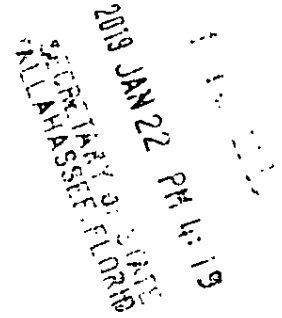
Enclosed is a \$35.00 check made payable to the Department of State.

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**

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: Vann Interiors, Inc.
2. The principal office address: 316 Seaboard Avenue, Venice, FL 34285
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1966 Document number: 493356

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)

Kent J. Anderson

7101 S. Tamiami Trail, Suite A

Sarasota, FL 34231

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

Virginia Hale

110 Lakeview Drive

P.O. Box NOT acceptable

Nokomis, FL 34275

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TALLAHASSEE FLORIDA

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.

Virginia Hale
Signature of an officer or director

Virginia Hale, President

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.

Virginia Hale
Signature of Registered Agent

1/19/2019
Date

If signing on behalf of an entity:

Typed or Printed Name

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