

F 1 0000003498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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SULKER
NOV 25 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 507958 7999718

AUTHORIZATION : 

COST LIMIT : \$ 35.00

ORDER DATE : November 12, 2020

ORDER TIME : 9:24 AM

ORDER NO. : 507958-060

CUSTOMER NO: 7999718

FOREIGN FILINGS

NAME: VAN DEUSEN & ASSOCIATES, INC.

XX CORPORATE
____ LIMITED PARTNERSHIP
____ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: **Van Deusen & Associates, Inc.**

Name of Corporation

DOCUMENT NUMBER: **F10000003498**

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jane L. Brody, Esq.

Name of Contact Person

Sherman Wells et al LLP

Firm/Company

210 Park Avenue, 2nd Floor

Address

Florham Park, NJ 07932

City/State and Zip Code

jbrody@shermanwells.com

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

For further information concerning this matter, please call:

Jane L. Brody, Esq. at (**973**) **302-9953**

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F10000003498

(Document number of corporation (if known))

1. Van Deusen & Associates, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. New Jersey

(Incorporated under laws of)

3. 07/30/2010

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. vda, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

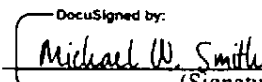
8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

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STATE
TALLAHASSEE, FLORIDA

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

DocuSigned by:

 31CD01462239486F (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Michael W. Smith

 (Typed or printed name of person signing)

CEO

 (Title of person signing)

FILING FEE \$35.00

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
CERTIFICATE OF NAME CHANGE

VDA, INC.

I, the Treasurer of the State of New Jersey, do hereby certify,
that on May 11, 2020, a name change certificate
was duly filed in this office, changing the business name from
VAN DEUSEN & ASSOCIATES, INC.
to:
VDA, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
23rd day of November, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 142559329

Verify this certificate online at

<https://www.njportal.com/DOR/businessrecords/Validate.aspx>