

F190000 002 676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

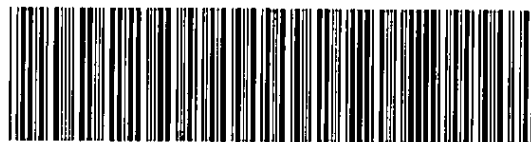
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4085

Office Use Only



500331999075

07/22/19--01026--016 **\$2.50

FILED
19 SEP -3 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 04 2019
S. YOUNG

Let of your standing as
a member



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2019

DEBORAH BRUNSON
WHEATON VAN LINE
8010 CASTLETON ROAD
INDIANAPOLIS, IN 46250

SUBJECT: WHEATON VAN LINES, INC.
Ref. Number: F19000002676

We have received your document for WHEATON VAN LINES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Sheila H Young (850) 245-6978
Regulatory Specialist II

Letter Number: 119A00015329

sheila.young@dos.myflorida.com

Unemployment - (Dept of Econ) - 1100 201 - 2418

Call back for State unemployment (for or email)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wheaton Van Lines, Inc.

Name of Corporation

DOCUMENT NUMBER: F19000002676 * Please correct FEIN to 351051694

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah Brunson

Name of Contact Person

Wheaton Van Lines, Inc.

Firm/Company

8010 Castleton Rd

Address

Indianapolis, IN 46250

City/State and Zip Code

hr@wvlcorp.com

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

For further information concerning this matter, please call:

Deborah Brunson

317 558-0730

Name of Contact Person

at () Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$35.00 Filing Fee

☐

\$43.75 Filing Fee &
Certificate of Status

☐

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒

\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

*Already enclosed in previous
Submission*

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

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)

F19000002676

(Document number of corporation (if known))

FILED
19 SEP -3 AM 11:41
TALLAHASSEE, FLORIDA

1. Wheaton Van Lines, Inc.

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

2. Indiana

(Incorporated under laws of)

3. June 10, 2019

(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? Erroneously placed in wrong entity

5. Crown Moving & Storage, 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.

05/13/2019

(New duration)

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

(New jurisdiction)

8. 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.

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

Deborah Brusnon

(Typed or printed name of person signing)

Director of Human Resources

(Title of person signing)

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CROWN MOVING & STORAGE INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 12, 1960, and was in existence or authorized to transact business in the State of Indiana on August 29, 2019.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 29, 2019.

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

194281 140 / 20191083/73

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on September 28, 2019.