JACKSONVILLE, FL 32204-4098				
710 LOMAX	<b>iling Address:</b> STREET ILLE, FL 32204-4098			
FEI Number: 59-6082147		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
VASHI, APOORVA DR. 710 LOMAX STREET JACKSONVILLE, FL 32204 US				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATI IR	E: APOORVA VASHI, MD			04/20/2022
SIGNATOR				04/20/2022
SIGNATOR	Electronic Signature of Registered Agent			Date
	,			
	Electronic Signature of Registered Agent	Title	D, P	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	D, P VASHI, APOORVA R	
<b>Officer/Dire</b> Title	Electronic Signature of Registered Agent <b>Ctor Detail :</b> D, T			
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent <b>ctor Detail :</b> D, T LEWIS, RICHARD H 710 LOMAX STREET	Name	VASHI, APOORVA R 710 LOMAX STREET	Date
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent <b>ctor Detail :</b> D, T LEWIS, RICHARD H 710 LOMAX STREET	Name Address	VASHI, APOORVA R 710 LOMAX STREET	Date
<b>Officer/Dire</b> Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : D, T LEWIS, RICHARD H 710 LOMAX STREET JACKSONVILLE FL 32204-4098	Name Address	VASHI, APOORVA R 710 LOMAX STREET	Date
Officer/Dire	Electronic Signature of Registered Agent <b>ctor Detail :</b> D, T LEWIS, RICHARD H 710 LOMAX STREET JACKSONVILLE FL 32204-4098 D, S	Name Address	VASHI, APOORVA R 710 LOMAX STREET	Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MGR

SIGNATURE: APOORVA VASHI, MD

Electronic Signature of Signing Officer/Director Detail

04/20/2022

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 215293** 

Entity Name: VANBROWN INC

## **Current Principal Place of Business:**

710 LOMAX STREET JACKSONVILLE. FL 32204-4098

FILED Apr 20, 2022 Secretary of State 1848177820CC

Date