

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM781889

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
RESUBMIT DOCUMENT ID:	900732460		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
DCW Rehabs LLC		08/19/2022	Limited Liability Company: FLORIDA
RECEIVING PARTY DATA			
Name:	C-ANN'S CREATIONS LLC		
Doing Business As:	want2vape		
Street Address:	2884 Gardenview Road		
City:	Cottondale		
State/Country:	FLORIDA		
Postal Code:	32431		
Entity Type:	Limited Liability Company: FLORIDA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4153594	WANT2VAPE	
CORRESPONDENCE DATA			
Fax Number:			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	8503053429		
Email:	cannwilson742@gmail.com		
Correspondent Name:	Carol Wilson		
Address Line 1:	2884 Gardenview Road		
Address Line 4:	Cottondale, FLORIDA 32431		
NAME OF SUBMITTER:	Carol A. Wilson		
SIGNATURE:	/carol a wilson/		
DATE SIGNED:	01/20/2023		
Total Attachments: 2			
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source=Scan_20201102 SunBiz-PDF#page1.tif			

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. C-ANNS CREATIONS LLC
Fictitious Name to be Registered (See instructions if name includes a business entity suffix or indicator)

2. 8700 Front Beach Rd., Unit 5309
Mailing Address of Business
Panama City Beach Florida 32407
City State Zip Code

3. Florida County of principal place of business: Bay
(See instructions if more than one county)

4. FEI Number: 26-3625297

This space is for office use only
CR4E001 (6/17)

Section 2

A. Owner(s) of Fictitious Name if Individual(s): (Use an attachment if necessary)

1. Wilson Carol A 2. _____
Last First M.I. Last First M.I.
8700 Front Beach Rd., Unit 5309
Address Address
Panama City Beach Florida 32407
City State Zip Code City State Zip Code

B. Owner(s) of Fictitious Name if Owner(s): (Use an attachment if necessary)

2. _____ 2. _____
Entity Name Entity Name
Address Address
City State Zip Code City State Zip Code

Florida Document Number: _____ Florida Document Number: _____
 FEI Number: _____ FEI Number: _____

Applied For Not Applicable Applied For Not Applicable

Section 3

I, the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 805.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Carol Wilson 3/5/2020 cannwilson742@gmail.com
Signature of Owner in Section 1 Date Email Address: (to be used for future renewal notification)

Phone Number: 850-305-3429

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we), the undersigned, hereby cancel the fictitious name DCW REHABS LLC
 which was registered on 10-30-2008 and was assigned registration number L08000101697

Carol Wilson 3/5/2020 _____
Signature of Owner of Registration being Cancelled Date Signature of Owner of Registration being Cancelled Date

Mark the applicable boxes Certificate of Status- \$10 Certified Copy- \$30

NON-REFUNDABLE PROCESSING FEE: \$50

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DCW REHAB'S, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 30, 2008 and assigned
Florida document number L08000101697

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

C-ANN'S CREATIONS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent