

N15000000Z664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

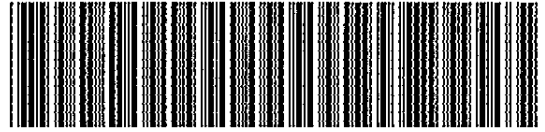
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800261622248

KEP
3/20

Prather, Stacy

From: Elizabeth McCollin <victoriouslife2015@gmail.com>
Sent: Friday, March 20, 2015 12:49 PM
To: CorpAddressChange
Subject: Last name change for Incorporation papers due to marriage (President)
Attachments: liz2.pdf

Good day: To whom it may concern:

My Maiden name is Elizabeth McCollin and I am the President of House of Grace and Registration Inc. I am sending this Email for my name to be changed on the paperwork due to marriage. I have attached a copy of marriage certificate as well as paperwork from social Security office showing i have requested name change also *I also have a fictitious name registered under this Corporation name Scholars of excellence and i have sent a Email to that area today also. I have recieved the EIN for the Corporation of 47-3466917 and I am not sure if i scan that also to you or not or if there is a cost associated with it. Thankyou so much for your assistance in this matter. My contact number is 786-287-5091 should you need to reach me for any problems and my email is VictoriousLife2015@gmail.com

God bless, Elizabeth Myclis

**Social Security Administration
Important Information**

Social Security Administration
SOCIAL SECURITY
11100 SW 211 STREET
MIAMI, FL 33189-2806
Date: March 13, 2015

ELIZABETH RHONDA MYCLIS
26920 SW 142ND CT
NARANJA, FL 33032

This is a receipt to show that you applied for a Social Security card on March 13, 2015. You should have your card in about 2 weeks. Any document(s) you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please let us know. You may call, write or visit any Social Security office. If you visit an office, please bring this receipt with you. To protect your privacy, we will not disclose a Social Security number over the telephone.

The Social Security Administration is required by law to limit replacement Social Security cards to three per year and ten per lifetime. Do not carry your Social Security card with you. Keep it in a safe location, not in your wallet.

Field Office Manager

PERMINE
SOCIAL SECURITY ADMINISTRATION
MARCH 13 2015
MIAMI, FL 33189

Department of Health • Vital Statistics

**STATE OF FLORIDA
MARRIAGE RECORD**

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.



2015-005063
APPLICATION NUMBER

Official Record

Date: MAR 13 2015

Rec #: 212348

(STATE FILE NUMBER)

STATE OF FLORIDA, COUNTY OF DADE
I HEREBY CERTIFY THAT THE FOREGOING IS A
TRUE AND CORRECT COPY OF THE DOCUMENT
ON FILE OR OF PUBLIC RECORD IN THIS OFFICE.
WITNESS MY HAND AND OFFICIAL SEAL

MAR 13 2015
BY: Abigail Kerusault
CLERK OF CIRCUIT COURT



APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) PATRICK (NMN) MYCLIS		2. DATE OF BIRTH (Month, Day, Year) 03-09-1980	
3a. RESIDENCE - CITY, TOWN, OR LOCATION NARANJA	3b. COUNTY MIAMI DADE	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) HAITI
5a. BRIDE'S NAME (First, Middle, Last) ELIZABETH RHONDA MCCOLLIN		5b. MAIDEN SURNAME (if different)	
6. DATE OF BIRTH (Month, Day, Year) 03-09-1980		7. BIRTHPLACE (State or Foreign Country) TRINIDAD AND TOBAGO	
7a. RESIDENCE - CITY, TOWN, OR LOCATION NARANJA		7b. COUNTY MIAMI DADE	7c. STATE FLORIDA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM <i>[Signature]</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAR-09-2015
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>
13. SIGNATURE OF BRIDE <i>[Signature]</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAR-09-2015
15. TITLE OF OFFICIAL DEPUTY CLERK	18. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>



LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE MIAMI-DADE	18A. DATE LICENSE ISSUED MAR-09-2015	18b. DATE LICENSE EFFECTIVE MAR-12-2015	19. EXPIRATION DATE MAY-07-2015
20. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b. TITLE CLERK	20c. BY D.C. <i>[Signature]</i>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) MAR 13 2015	22. CITY, TOWN, OR LOCATION OF MARRIAGE MIAMI, FL
23a. SIGNATURE OF PERSON PERFORMING THE CEREMONY (Use black ink) <i>[Signature]</i>	23c. ADDRESS (of person performing ceremony) 10710 SW 211 St Room 1200
23b. NAME AND TITLE OF PERSON PERFORMING THE CEREMONY (Or notary stamp) Abigail Kerusault Deputy clerk	
24. SIGNATURE OF WITNESS TO CEREMONY ▶	
25. SIGNATURE OF WITNESS TO CEREMONY ▶	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	28. SOCIAL SECURITY NUMBER ██████████	27. RACE BLACK	28. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29A, 29B, 29C 29a. NO. OF THIS MARRIAGE 1	29c. DATE LAST MARRIAGE ENDED (Death, Divorce, or Annulment)
	30. SOCIAL SECURITY NUMBER ██████████	31. RACE BLACK	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29A, 29B, 29C 33a. NO. OF THIS MARRIAGE 2	33c. DATE LAST MARRIAGE ENDED (Death, Divorce, or Annulment) DIVORCE SEP-22-1997