

P14000004100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

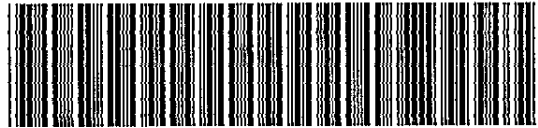
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 APR -8 AM 11:16  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

APR - 2015  
S. PRATHER

**Prather, Stacy**

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**From:** Alisha Jones <alishatherealtor@gmail.com>  
**Sent:** Wednesday, April 08, 2015 8:57 AM  
**To:** CorpAddressChange  
**Subject:** Re: Last Name Change - Alisha Jones, PA  
**Attachments:** Marriage Cert.pdf; SS.pdf

Please confirm receipt\*

Documents are attached.

Thanks!



Alisha  
DeTorres

Realtor  
Armel Real Estate  
C:407-463-9753  
F:215-434-9753  
[alishatherealtor@gmail.com](mailto:alishatherealtor@gmail.com)

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COUNTY OF STATE  
PALM BEACH, FLORIDA

See what my customers are saying about me....



Search for Homes at [AlishatheRealtor.com](http://AlishatheRealtor.com)

Did you have a good experience working with me? Please let me know at [ReviewAlisha.com](http://ReviewAlisha.com)

On Mon, Apr 6, 2015 at 4:56 PM, CorpAddressChange <[corpaddresschange@dos.myflorida.com](mailto:corpaddresschange@dos.myflorida.com)> wrote:

In order for our office to update your request, we need some documentation showing the name change such as a marriage license etc.

Thank You,

Corporate Address Change

**From:** Alisha Jones [mailto:[alishatherealtor@gmail.com](mailto:alishatherealtor@gmail.com)]

**Sent:** Monday, March 30, 2015 11:44 AM

**To:** CorpAddressChange

**Subject:** Last Name Change - Alisha Jones, PA

Hello,

I have recently changed my last name and need to update that with you guys. Are there any forms, etc that I need to fill or sign?

The name of my business is Alisha Jones, PA.

My name has changed from Alisha Jones to Alisha DeTorres

Thanks!



Alisha

DeTorres

Realtor  
Armel Real Estate  
C:407-463-9753  
F:215-434-9753  
[alishatherealtor@gmail.com](mailto:alishatherealtor@gmail.com)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

DEPARTMENT OF HEALTH • VITAL STATISTICS

STATE OF FLORIDA  
MARRIAGE RECORD

TYPE IN UPPERCASE  
USE BLACK INK

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

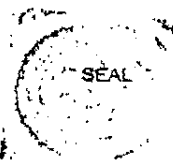
2015-MI-002030-W  
(APPLICATION NUMBER)

DOCN 20150133345 B: 10890 P: 0173

03/17/2015 10:25:52 AM Page 1 of 1  
Rec Fee: \$0.00  
Martha G. Haynie, Comptroller  
Orange County, FL



APPLICATION TO MARRY			
1 GROOM'S NAME (First Middle Last) DUSTIN FORD DETORRES		2 DATE OF BIRTH (Month, Day, Year) 11/13/1982	
3a RI RESIDENCE - CITY, TOWN OR LOCATION ORLANDO	3b COUNTY ORANGE	3c STATE FLORIDA	4 BIRTHPLACE (State or Foreign Country) FLORIDA
5a BRIDE'S NAME (First Middle Last) ALISHA MICHELLE JONES		5b MAIDEN SURNAME (if different) CARDWELL	
6a RI RESIDENCE - CITY, TOWN OR LOCATION ORLANDO	6b COUNTY ORANGE	6c STATE FLORIDA	6 DATE OF BIRTH (Month, Day, Year) 07/12/1981
		7 BIRTHPLACE (State or Foreign Country) 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 (Sign full name using black ink) <i>[Signature]</i>		10 SUBSCRIBED AND SWORN TO BEFORE ME ON (Date) 3/2/2015	
11 TITLE OF OFFICIAL CLERK OF THE CIRCUIT COURT		12 SIGNATURE OF OFFICIAL (Use black ink) <i>Marie D. Hopkins</i>	
13 SIGNATURE OF BRIDE (Sign full name using black ink) <i>[Signature]</i>		14 SUBSCRIBED AND SWORN TO BEFORE ME ON (Date) 3/2/2015	
15 TITLE OF OFFICIAL CLERK OF THE CIRCUIT COURT		16 SIGNATURE OF OFFICIAL (Use black ink) <i>Marie D. Hopkins</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 BY ORDER TO BE RECORDED AND VALID			
17 COUNTY ISSUING LICENSE ORANGE	18 DATE LICENSE ISSUED 03/02/2015	19a DATE LICENSE EFFECTIVE 03/02/2015	19b EXPIRATION DATE 05/01/2015
20a SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b TITLE CLERK OF THE CIRCUIT COURT	20c BY DC MHT
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) 3/3/2015	22 CITY, TOWN, OR LOCATION OF MARRIAGE Clearwater Beach		
23a SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>	23b ADDRESS (Of person performing ceremony) KOCOS OCEAN Dr New Port Richey FL 34654		
23c NAME AND TITLE OF PERSON PERFORMING CEREMONY MY COMMISSION # EE198588 EXPIRES August 21 2016	24 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>		
	25 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>		
INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED			



SEAL

State of Florida, Department of Health  
Martha G. Haynie, Comptroller  
By: *[Signature]*  
Deputy Comptroller  
Dated: 3-17-15



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5 APR - 8 AM 11:16  
STATE OF FLORIDA  
ALLIANCE, FLORIDA

**Social Security Administration**  
**Important Information**

Social Security Administration  
SOCIAL SECURITY ADMIN  
SUITE 102  
5520 GATLIN AVE  
ORLANDO, FL 32812  
Date: March 26, 2015

ALISHA MICHELLE DETORRES  
6434 RIDGEBERRY DRIVE  
ORLANDO, FL 32819

This is a receipt to show that you applied for a Social Security card on March 26, 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 the Orlando Card Center. If you choose to visit the 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

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SOCIAL SECURITY ADMINISTRATION  
FALL PLASSIE, FLORIDA