L06000047580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

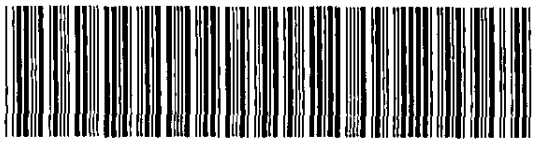
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900162519039

DEC 11 2009

Jennifer Leale

9054 Foxwood Drive N.• Tallahassee, FL 32309
Phone: 850-294-6024 • E-Mail: jklemails@gmail.com
Web: http://www.blueislandstudios.com

Date: 12/7/2009

Division of Corporations
Attn: Registration Section
PO Box 6327
Tallahassee, FL 32314

Dear Division of Corporations:

I recently got married and need to change my last name for my LLC. My former last name was Sheppard and my new last name is Leale. My LLC is Blue Island Studios and my Document Number is L06000047580.

Attached is my marriage license.

Sincerely,

Jennifer Leale

2009065333 RECORDED IN PUBLIC RECORDS LEON COUNTY FL BK: 3693 PG: 2132,
09/12/2009 at 10:32 AM, BOB INZER, CLERK OF COURTS

STATE OF FLORIDA, COUNTY OF LEON

I HEREBY CERTIFY THAT THE ABOVE AND FOREGOING IS A TRUE AND CORRECT COPY OF THE ORIGINAL AS RECORDED IN MY OFFICE.

BOB INZER
CLERK OF COURT, LEON COUNTY, FLORIDA

BY: _____ D.C.

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 hereon.

(STATE FILE NUMBER)

2008 ML 4XXXXX
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last)			2. DATE OF BIRTH (Month, Day, Year)
JOHN HAROLD LEALE JR			[redacted]
3a. RESIDENCE - CITY, TOWN, OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)
TALLAHSSEE	LEON	FL	NJ
5a. BRIDE'S NAME (First, Middle, Last)		5b. MAIDEN SURNAME (If different)	6. DATE OF BIRTH (Month, Day, Year)
JENNIFER KELLY SHEPPARD			[redacted]
7a. RESIDENCE - CITY, TOWN, OR LOCATION	7b. COUNTY	7c. STATE	8. BIRTHPLACE (State or Foreign Country)
TALLAHASSEE	LEON	FL	ND

WE THE APPLICANTS NAMED IN THIS OATH 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 NOW 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)	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
	06/20/2008
11. TITLE OF OFFICIAL	12. SIGNATURE OF OFFICIAL (Use black ink)
DEPUTY CLERK	D.C.
13. SIGNATURE OF BRIDE (Sign full name using black ink)	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
Jennifer Kelly Sheppard	06/20/2008
15. TITLE OF OFFICIAL	16. SIGNATURE OF OFFICIAL (Use black ink)
DEPUTY CLERK	D.C.

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	18. DATE LICENSE ISSUED	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
LEON	06/20/2008	06/20/2008	08/19/2008

20a. SIGNATURE OF COURT CLERK OR JUDGE	20b. TITLE	20c. BY D.C.
BOB INZER	CLERK OF THE CIRCUIT COURT	NLY

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)	22. CITY, TOWN, OR LOCATION OF MARRIAGE
August 8, 2008	Carillon Beach, FL
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)	23c. ADDRESS (Of person performing ceremony)
Rev. O.R. Eckard, Jr.	2919 Miccosukee Rd, Tallahassee, FL 32308
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
Rev. O.R. Eckard, Jr. Lutheran Pastor	[illegible]
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
	[illegible]

SEAL

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT PART OF CERTIFICATE