L08000090387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

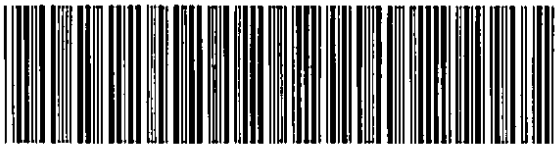
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600353237856

Name change &
Due to
Marriage
10/9/20 DC

Vector Check Business Solutions, LLC

PO Box 9072, Panama City Beach, FL 32417-9072

Lisa.Sorrell@VectorCheck.com . Mobile: 850-532-3336

1 September 2020

Attn: Terri Schroeder
Regulatory Specialist III
Amendments Section
Division of Corporations
Florida Department of State
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Changes Due to Marriage for Owner of Vector Check Business Solutions, LLC

Dear Ms. Schroeder:

I recently married on July 17, 2020 and my new last name is Sorrell. Attached is my marriage license for your records.

Please make the following changes to my business, Vector Check Business Solutions, LLC, as follows:

Change last name from Starns to **Sorrell**

Change email address from Lisa.Starns@VectorCheck.com to **Lisa.Sorrell@VectorCheck.com**

Change phone number from 210-912-6982 to **850-532-3336**

Update Physical Address to: 1016 Thomas Drive #504, Panama City Beach, FL 32408

Update Mailing Address to: PO Box 9072, Panama City Beach, FL 32417-9072

Thank you in advance for your help with this. Please let me know if there is anything else required in order to accomplish these.

Very respectfully,

Lisa R. Sorrell

Mrs. Lisa R. Sorrell
President
Vector Check Business Solutions, LLC

File # 2020047085, OR BK: 4276 PG: 609, Pages: 1 of 1, Recorded 7/20/2020 at 3:46 PM,
Bill Kinsaul, Clerk Bay County, Florida Deputy Clerk KB Trans # 1609730

Department of Health • Office of 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.

(STATE FILE NUMBER)

2020ML1609730
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last)	1a. MAIDEN SURNAME (If different)	2. DATE OF BIRTH (Month, Day, Year)
GERALD GRANVILLE SORRELL II		04/30/1970

3a. RESIDENCE - CITY, TOWN, OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)
PANAMA CITY BEACH	BAY	FLORIDA	CALIFORNIA

5a. NAME OF SPOUSE (First, Middle, Last)	5b. MAIDEN SURNAME (If different)	6. DATE OF BIRTH (Month, Day, Year)
LISA RENE' STARNS	DALLAS	03/10/1964

7a. RESIDENCE - CITY, TOWN, OR LOCATION	7b. COUNTY	7c. STATE	8. Birthplace (State or Foreign Country)
SAN ANTONIO	BEXAR	TEXAS	VIRGINIA

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 SPOUSE	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
Gerald Granville Sorrell II	06/22/2020
11. TITLE OF OFFICIAL: DEPUTY CLERK	12. SIGNATURE OF OFFICIAL: Kelly Buchanan
13. SIGNATURE OF SPOUSE: Lisa Rene' Starns	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE): 06/22/2020
15. TITLE OF OFFICIAL: DEPUTY CLERK	16. SIGNATURE OF OFFICIAL: Kelly Buchanan

CIRCUIT COURT BAY COUNTY, FLORIDA

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
BAY	06/22/2020	06/25/2020	08/21/2020

20a. SIGNATURE OF COURT CLERK OR JUDGE	20b. TITLE	20c. BY D.C.
Bill Kinsaul	CLERK OF THE CIRCUIT COURT & COMPTROLLER	KB

CIRCUIT COURT BAY COUNTY, FLORIDA

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES 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
JULY 17, 2020	PANAMA CITY BEACH FLORIDA

23a. SIGNATURE OF PERSON PERFORMING CEREMONY	23b. ADDRESS (Number, Street, City, State, Zip Code)
Douglas A. White	2303 DRAGONFLY LANE PC, FL
23c. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Type or Print): REV. DOUGLAS A White St. Andrew Baptist Church PC, FL	24. SIGNATURE OF WITNESS TO CEREMONY: Douglas A. White
	25. SIGNATURE OF WITNESS TO CEREMONY

SEAL

A CERTIFIED TRUE COPY
BILL KINSAUL CLERK
OF THE CIRCUIT COURT
By: Kelly Buchanan
Deputy Clerk