

L09000093003

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(Requestor's Name)

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B. Todd OCT 12 2010

# FAX COVER SHEET

**Dr. Amanda Brenci, OD**

Sure Vision Eye Care, LLC

1187 John Sims Pkwy

Niceville, FL 32578

(850) 678-8876 – office

(850) 729-8787 – fax

Date: 10/7/10

To: Florida LLC Department

Fax #: 850-245-6030

From: Amanda Brenci

RE: name change from Amanda Lashley to Amanda Brenci

Number of pages including cover: 3

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***Amanda Brenci, OD***

*Board-Certified Optometrist*

1187 John Sims Parkway Niceville, FL 32578 Phone 850-678-8876 Fax 850-729-8787

Florida Department of State Division of Corporations

October 7, 2010

To Whom It May Concern:

I am the owner of Sure Vision Eye Care, LLC, document number L09000093003, and I have had a name change from Amanda L. Lashley to Amanda L. Brenci. I have enclosed a copy of marriage license, which reflects this name change. Please call me if you have any questions at 850-678-8876.

Thank you,



Amanda Brenci, O.D.

Department of Health • Vital Statistics

STATE OF FLORIDA  
MARRIAGE RECORDTYPE IN UPPER CASE  
USE BLACK INKThis license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon

(STATE FILE NUMBER)

2010 ML 986901

(APPLICATION NUMBER)

## APPLICATION TO MARRY

|  |                          |  |  |
|--|--------------------------|--|--|
| 1. GROOM'S NAME (First, Middle, Last)<br>JAMES LOUIS BRENCI    |                          | 2. DATE OF BIRTH (Month, Day, Year)<br>[REDACTED]      |  |
| 3a. RESIDENCE - CITY, TOWN, OR LOCATION<br>[REDACTED]          | 3b. COUNTY<br>[REDACTED] | 3c. STATE<br>[REDACTED]                                | 4. BIRTHPLACE (State or Foreign Country)<br>[REDACTED] |
| 5a. BRIDE'S NAME (First, Middle, Last)<br>AMANDA LEIGH LASHLEY |                          | 5b. MAIDEN SURNAME (if different)<br>BIGOT             |  |
| 6. DATE OF BIRTH (Month, Day, Year)<br>[REDACTED]              |                          | 7. BIRTHPLACE (State or Foreign Country)<br>[REDACTED] |  |
| 7a. RESIDENCE - CITY, TOWN, OR LOCATION<br>[REDACTED]          | 7b. COUNTY<br>[REDACTED] | 7c. STATE<br>[REDACTED]                                | 8. BIRTHPLACE (State or Foreign Country)<br>[REDACTED] |

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  
NOT 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)<br>[Signature]  | 10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)<br>09/09/2010 |
| 11. TITLE OF OFFICIAL<br>DEPUTY CLERK                                  | 12. SIGNATURE OF OFFICIAL (Use black ink)<br>[Signature] D.C. |
| 13. SIGNATURE OF BRIDE (Sign full name using black ink)<br>[Signature] | 14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)<br>09/09/2010 |
| 15. TITLE OF OFFICIAL<br>DEPUTY CLERK                                  | 16. SIGNATURE OF OFFICIAL (Use black ink)<br>[Signature] 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<br>[REDACTED]                | 18. DATE LICENSE ISSUED<br>[REDACTED] | 18a. DATE LICENSE EFFECTIVE<br>[REDACTED] | 19. EXPIRATION DATE<br>[REDACTED] |
| 20a. SIGNATURE OF COURT CLERK OR JUDGE<br>Don W. Howard |                                       | 20b. TITLE<br>CLERK OF CIRCUIT COURT      | 20c. BY D.C.<br>TS                |

## 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)<br>[REDACTED]                       | 22. CITY, TOWN, OR LOCATION OF MARRIAGE<br>[REDACTED]  |
| 23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)<br>[Signature] | 23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY<br>(Or notary stamp)<br>S. J. B. VIGORIS<br>Pastor |
| 24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)<br>[REDACTED]          |  |
| 25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)<br>[REDACTED]          |  |

CERTIFIED A TRUE  
AND CORRECT COPY  
DON W. HOWARD  
CLERK CIRCUIT COURTBY [Signature]  
DEPUTY CLERK

DATE 10/5/2010

