P00000081582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

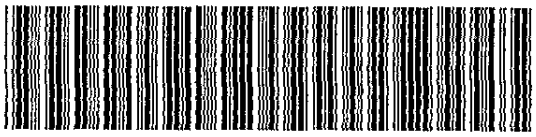
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
name chng due to marriage

10/16

Office Use Only



700276431817

Prather, Stacy

From: Gina Fisher <GFisher@elitefloor.com>
Sent: Tuesday, October 06, 2015 8:11 AM
To: CorpAddressChange
Subject: RE: Legal Name Change of Officer
Attachments: 20151006071517794.pdf

Please see attached Marriage Certificate.

Thank you.

Best Regards,

Gina Fisher
Elite Flooring
Inventory Manager
5142 Joanne Kearney Blvd.
Tampa, FL 33619
813-341-3508

ELITE FLOORING

From: CorpAddressChange [mailto:corpaddresschange@dos.myflorida.com]
Sent: Monday, October 05, 2015 11:44 AM
To: Gina Fisher
Subject: RE: Legal Name Change of Officer

Please submit the documentation show the name change to our office and we will gladly make the update.

From: Gina Fisher [mailto:GFisher@elitefloor.com]
Sent: Thursday, October 01, 2015 10:38 AM
To: CorpAddressChange
Subject: Legal Name Change of Officer

Good Morning,

Please change the name of the Registered Agent and President for Polk County Pools, Inc. My name has legally changed as a result of marriage. The Document Number associated with this corporation is P00000081582.

The corrected information is as follows:

GINA M FISHER

Thank you in advance for your assistance with this matter.

Best Regards,

Gina Fisher
Elite Flooring
Inventory Manager
5142 Joanne Kearney Blvd.
Tampa, FL 33619
813-341-3508

ELITE FLOORING

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY and COUNTY of SAN FRANCISCO

LICENSE AND CERTIFICATE OF MARRIAGE 420123800572?

STATE FILE NUMBER — VALID AS LICENSE – MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS. USE DARK INK ONLY — LOCAL REGISTRATION NUMBER

PARTY ONE

1A. FIRST NAME: MICHAEL		1B. MIDDLE: DAVID	
1C. CURRENT LAST: FISHER		1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C):	
2. DATE OF BIRTH (MM/DD/CCYY): 01/13/1969	3. STATE/COUNTRY OF BIRTH: MICHIGAN	4. #PREV. MARRIAGES/DISS: 0	5A. LAST MARRIAGE/DISS ENDED BY: ☐ DEATH ☐ DISS ☐ ANNULMENT ☐ TOTAL DISS ☐ N/A
5B. DATE ENDED (MM/DD/CCYY):			
6. ADDRESS: 2706 SPRING MEADOW DR.	7. CITY: PLANT CITY	8. STATE/COUNTRY: FLORIDA	9. ZIP CODE: 33566
10A. FULL BIRTH NAME OF FATHER/PARENT: ROBERT SAMUEL FISHER		10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): MICHIGAN	
11A. FULL BIRTH NAME OF MOTHER/PARENT: DELORES ALICE WATCHOWSKI		11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): MICHIGAN	

PARTY TWO

12A. FIRST NAME: GINA		12B. MIDDLE: MARIE	
12C. CURRENT LAST: MCBRIDE		12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C): BENEDETTO	
13. DATE OF BIRTH (MM/DD/CCYY): 08/18/1977	14. STATE/COUNTRY OF BIRTH: ILLINOIS	15. # PREV. MARRIAGES/DISS: 0	16A. LAST MARRIAGE/DISS ENDED BY: ☐ DEATH ☐ DISS ☐ ANNULMENT ☐ TOTAL DISS ☐ N/A
16B. DATE ENDED (MM/DD/CCYY):			
17. ADDRESS: 2706 SPRING MEADOW DR.	18. CITY: PLANT CITY	19. STATE/COUNTRY: FLORIDA	20. ZIP CODE: 33566
21A. FULL BIRTH NAME OF FATHER/PARENT: THOMAS EUGENE MCBRIDE		21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): ARKANSAS	
22A. FULL BIRTH NAME OF MOTHER/PARENT: ARLENE BENEDETTO		22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): ILLINOIS	

WE, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 359 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D: ▶ Michael

24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D: ▶ Gina McBride

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND EXPLAINING THE REASONS THEREFOR IN ACCORDANCE WITH FAMILY CODE SECTION 536. THE PARTIES PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO ME. THE PERSONS WHO SIGNED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS. REQUIRED COMMENTS AND AFFIDAVITS FOR THE ISSUANCE OF THE LICENSE ARE ON FILE.

25A. ISSUE DATE (MM/DD/CCYY): 09/13/2012	25B. EXPIRES AFTER (MM/DD/CCYY): 12/13/2012	25C. NAME OF COUNTY CLERK: Naomi Kelly	25D. SIGNATURE OF CLERK OR DEPUTY CLERK: ▶ BY: DEP. CLERK
26E. MARRIAGE LICENSE NUMBER: 12-0005987-00	26F. COUNTY OF ISSUE: San Francisco	26G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS): S.F. CITY HALL, ROOM 190 SAN FRANCISCO, CA 94102	

27A. SIGNATURE OF WITNESS: ▶		27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY): Antone McBride	
27C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 11540 Rockwood Lakeland FL 33809			
27A. SIGNATURE OF WITNESS: ▶		27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY): Thomas McBride	
27C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 11540 Rockwood Lakeland FL 33809			

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THIS STATE OF CALIFORNIA.

28A. DATE OF MARRIAGE (MM/DD/CCYY): 09/16/2012	28B. CITY/TOWN OF MARRIAGE: Napa	28C. COUNTY OF MARRIAGE: San Francisco
29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE: ▶	29B. RELIGIOUS DENOMINATION (IF ANY): Universal Life Church	
29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY): Angela K Belden	29D. OFFICIAL TITLE: Revecend	
29E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 6941 Ledear Ave West Hills CA 91307		

NEW NAME AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

30A. FIRST – MUST BE RANGE #4-12A	30B. MIDDLE	30C. LAST

NEW NAME AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

31A. FIRST – MUST BE RANGE #4-12A: GINA	31B. MIDDLE: MARIE	31C. LAST: FISHER

LOCAL REGISTRAR — 32A. NAME OF LOCAL REGISTRAR: PHIL TING — 32B. SIGNATURE OF LOCAL REGISTRAR OR DEPUTY CLERK: ▶ BY: — 32C. DATE RECEIVED FOR REGISTRATION: SEP 26 2012

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS — VS-157 (01/01/2010)

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SAN FRANCISCO } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN FRANCISCO ASSESSOR-RECORDER.

ATTEST: SANDY PUBILL

DATE ISSUED: OCT 23 2012

00D312204

PHIL TING
SAN FRANCISCO ASSESSOR-RECORDER

This copy not valid unless prepared on engraved border displaying date, seal and signature of Deputy Assessor-Recorder.