

PO2000000928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

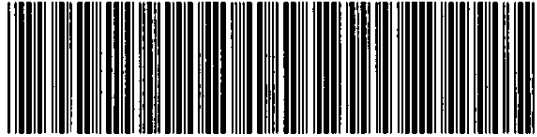
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100142360781

02/02/09--01031--007 **35.00

FILED
09 FEB -2 PM 2:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/2/09
5013/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Business Architects of Innovation, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000000928

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAMELA CARMAN Hayhurst
(Name of Contact Person)

Business Architects of Innovation, Inc.
(Firm/Company)

7209 Black Bull Lane
(Address)

Orlando, FL 32835
(City/State and Zip Code)

For further information concerning this matter, please call:

Pam Hayhurst at (407) 463-9812
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Business Architects of Innovation, Inc.
2. The principal office address: 7209 Black Bull Lane
Orlando, FL 32835
3. The mailing address (if different): (same)
4. Date of incorporation/qualification: 2002 Document number: P02000000928
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PAMELA A. CARMAN
5311 Pebble Beach Dr.
Orlando, FL 32811

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PAMELA CARMAN HAYHURST
7209 Black Bull Lane
(P.O. Box NOT acceptable)
Orlando, FL 32835

(new married name - see marriage certif. included)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Pamela Carman Hayhurst
(Signature of an officer or director)

PAMELA CARMAN Hayhurst, President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Pamela Carman Hayhurst
(Signature of Registered Agent)

1/27/09
(Date)

If signing on behalf of an entity:

PAMELA CARMAN Hayhurst
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED
09 FEB -2 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA



000012

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 thereon.

(STATE FILE NUMBER)

DOC # 20080457881 B: 9737 P: 8878

07/30/2008 10:10:31 AM

Martha O. Haynie, Comptroller

State of FLORIDA, County of ORANGE
I hereby certify that this is a true copy of
the document as reflected in the Official Records.

MARtha O. HAYNIE, COUNTY COMPTROLLER

By *Martha O. Haynie*

Deputy Comptroller MLO-08-0002768

Date: *7/30/08*

(APPLICATION NUMBER)



APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) RAYMOND EDWARD HAYHURST			2. DATE OF BIRTH (Month, Day, Year) 06/23/1946
3a. RESIDENCE - CITY, TOWN, OR LOCATION ORLANDO	3b. COUNTY ORANGE	3c. STATE FLORIDA	4. BIRTHPLACE (State or foreign Country) GEORGIA
5a. BRIDE'S NAME (First, Middle, Last) PAMELA ANN CARMAN		5b. MAIDEN SURNAME (if different) WERRY	6. DATE OF BIRTH (Month, Day, Year) 07/17/1951
7a. RESIDENCE - CITY, TOWN, OR LOCATION ORLANDO	7b. COUNTY ORANGE	7c. STATE FLORIDA	8. BIRTHPLACE (State or foreign Country) SOUTH CAROLINA

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>Raymond Edward Hayhurst</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 05/28/2008
11. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>	12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Pamela Ann Carman</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 05/28/2008
15. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>	16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</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 IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE ORANGE	18. DATE LICENSE ISSUED 05/28/2008	18a. DATE LICENSE EFFECTIVE 05/31/2008	19. EXPIRATION DATE 07/27/2008
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Deputy Clerk</i>		20b. TITLE CLERK OF THE CIRCUIT COURT	20c. BY, D.C. <i>D</i>

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) JUNE 28, 2008	22. CITY, TOWN, OR LOCATION OF MARRIAGE COCOA BEACH, FLORIDA
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Donald E. Kerkaker</i>	23b. ADDRESS (of person performing ceremony) 1607 ORANGE ROAD MARTIN, FL 32751-3104
24. NAME AND TITLE OF PERSON PERFORMING CEREMONY Notary Public State of Florida Donald E. Kerkaker My Commission DD802885 Expires 07/02/2012	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>

SEAL

