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.

INSTR # 2005409142

M/L BK 00691 PG 0446

RECORDED 09/08/2005 02:57 PM PAT FRANK CLERK OF COURT HILLSBOROUGH COUNTY DEPUTY CLERK Mary Rosa D.C.

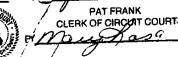
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T2005-2834				#s 06
(APPLICATION NUMBER)				
APPLICATION TO MARRY				P2 I
1. GROOM'S NAME (First, Middle, Lest) KERRY RENEE BERNARD				2. DATE OF BIRTH (Month, Deptided), 02/13/1965
So. RESIDENCE - CITY, TOWN, OR LOCATION TAMPA		36. COUNTY HILLSBOROUGH	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Scients) FLORIDA
5a. BRIDE'S NAME (First, Middle, Last)			5b. MAIDEN SURNAME (If different)	6. DATE OF BIRTH (Month, Day, Year)
NATASHA VANESSA CLARKE			1	04/08/1977
78. RESIDENCE - CITY, TOWN, OR LOCATION . TAMPA		7b. COUNTY HILLSBOROUGH	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign County) VIRGIN ISLANDS
	WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CONSECT TO THE BEST OF OUR HOWINGEDE AND BELLEF, THAT HID LEGAL ORLECTION TO THE MARRIAGE HOW THE THE SAME IS HOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
	9. SIGNATURE OF GROOM (Sign full name using black ink)		19. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) / 08/19/2005	
	11. TITLE OF OFFICIAL (Use black black black) DEPUTY CLERK MARY ROSA 12. SIGNATURE OF OFFICIAL (Use black) black > Mary ROSA > Mary Rosa		AL (Use black ink)	
	13. SIGNATURE OF BRIDE (Sign full nathe using build ink)		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 08/19/2005	
	DEPUTY CLERK	MARY ROSA	16. SIGNATURE OF OFFICE	AL (Use hillch Ink)
•	LICENSE TO MARRY			
Topics .	AUTHORIZATION AND LICENSE IS HERRERY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE SAFE OF THE STATE OF FLORDA TO PERFORM A MARRIAGE CEREMONY WITHOUTHE STATE OF FLORIDA AND TO SOLEMAZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPRESSION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
	17. COUNTY ISSUING LICENSE HILLSBOROUGH	18. DATE LICENS 08/19/200	E ISSUED 18a. DATE LICENS	E EFFECTIVE 19. EXPIRATION DATE
	20s. SIGNATURE OF COURT C		20b. TITLE	20c. BY D.C.
	>// areflas G COUNTY JUDGE/CLERK MR			
•	CERTIFICATE OF MARRIAGE			
	I HEREBY CERTIFY THAT THE ABOVE MAKED GROOM AND BRIDE WERE JOINED BY ME IN MARFIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORE!			
	21. DATE OF MARRIAGE (Month	Day, Year) 22. CITY, TOWN,	OR LOCATION OF MARRIAGE	33602
***	23al PIGNA TURE OF PERSON PERFORMING CEREMONY (Use black ink		23C. ADDRESS (Of person performing ceremony) RIVERUM 33569	
•	236. NAME AND TITLE OF PERSON PERFORMING CEREMONY (OF notary atomic) REVEREND		FIGURATURE OF WITNESS TO GERENONY (Use DESC*	
-		WARDALABENE	25. BIGNATURE OF WITH	ESBITO CEREMONY (Use de ink)
	INFORMATION BEI	OW FOR USE BY VITAL STATISTICS	ONLY - NOT TO BE RECORDED	·

STATE OF FLORIDA

STATE OF FLORIDA
COUNTY OF HILLSBOROUCH
THIS IS TO CERTIFY THE THE FOREGOING IS A TRUE
AND CORRECT COPY OF THE DOCUMENT ON FILE IN
MY OFFICE. WITNESS AY HAND AND OFFICIAL SEAL

TO SEAL THE SEAL TO SEAL THE SEAL TO SEAL THE SEAL





June 7, 2006

Florida Department of State **Division of Corporations Amendment Section** P.O. Box 6327 Tallahassee, FL 32314

Dear Division of Corporations;

I am writing to inform you of my name change due to a recent marriage. Please make the appropriate change to the original Articles of Corporation for The Network Consultants, Inc. and any other related records. Should this not be the proper process to make this request, please notify me ASAP regarding the required necessary steps. Also attached is supporting legal documentation.

Thanks,

notada Clarke Bernard Natasha Clarke-Bernard

813.785.4046 (cell)

SHOULD BE CERTAINED TO NOTE OF

OB JUN 12 AH 8: 00

,83 • Fax: (813) 600-1690

4747 W. Waters Ave • Suite 2108 • Tampa 33614 • Phone: (813) 88/ Email: Info@tnonsultants.net • Website: www.TN/ sultants.net