

P08000069436

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Touch Point Training Consultants, Inc.

**DOCUMENT NUMBER:** P08000068436

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne Solomons

Name of Contact Person

Touch Point Training Consultants, Inc.

Firm/ Company

12044 NW 56th Street

Address

Coral Springs, FL 33076

City/ State and Zip Code

Anne@touchpoint-training.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Solomons

Name of Contact Person

at ( 954 ) 816-6200

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |  |  |
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| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|--|--|

**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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

13 MAY 28 AM 9:56

5/21/13

Please change President's name because of marriage,  
from Anne Stein to Anne Solomons, as above.  
Copy of marriage certificate ~~is enclosed~~ is enclosed.

Anne Solomons

(STATE FILE NUMBER)

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.

Date Returned:

APR 09 2013

Recorded: Book 2013 Page 3698

Howard C. Forman, Clerk of Court

By: JTC Deputy Clerk

ML-WE-2013-000400

APPLICATION NUMBER

## APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) <b>GARY STEPHEN SOLOMONS</b>			2. DATE OF BIRTH (Month, Day, Year) <b>NOV 24, 1957</b>			
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>CORAL SPRINGS</b>		3b. COUNTY <b>BROWARD</b>		3c. STATE <b>FLORIDA</b>		
5a. BRIDE'S NAME (First, Middle, Last) <b>ANNE SALLY STEIN</b>			5b. MAIDEN SURNAME (if different) <b>LEFKOWITZ</b>		6. DATE OF BIRTH (Month, Day, Year) <b>AUG 04, 1958</b>	
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>CORAL SPRINGS</b>		7b. COUNTY <b>BROWARD</b>		7c. STATE <b>FLORIDA</b>		
			8. BIRTHPLACE (State or Foreign Country) <b>NEW YORK</b>			

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) 		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>FEB 22, 2013</b>	
11. TITLE OF OFFICIAL <b>DEPUTY CLERK JOANNA OJEDA</b>		12. SIGNATURE OF OFFICIAL (Use black ink) 	
13. SIGNATURE OF BRIDE (Sign full name using black ink) 		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>FEB 22, 2013</b>	
15. TITLE OF OFFICIAL <b>DEPUTY CLERK JOANNA OJEDA</b>		16. SIGNATURE OF OFFICIAL (Use black ink) 	

## 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 <b>BROWARD</b>	18a. DATE LICENSE ISSUED <b>FEB 22, 2013</b>	18b. DATE LICENSE EFFECTIVE <b>FEB 22, 2013</b>	19. EXPIRATION DATE <b>APR 22, 2013</b>
20. SIGNATURE OF COUNTY CLERK OR JUDGE 		20b. TITLE <b>DEPUTY CLERK JOANNA OJEDA</b>	

## 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) <b>March 17, 2013</b>		22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>Margate</b>	
23a. SIGNATURE OF PERSON PERFORMING THE CEREMONY (Use black ink) 		23c. ADDRESS (of person performing ceremony) <b>5715 NW 123 Ave. Coral Springs, FL 33076</b>	
23b. NAME AND TITLE OF PERSON PERFORMING THE CEREMONY (Or notary stamp) <b>Jonathan Kaplan, Rabbi</b>		24. SIGNATURE OF WITNESS TO CEREMONY 	
		25. SIGNATURE OF WITNESS TO CEREMONY 	

SEAL

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED