

P1000 0016217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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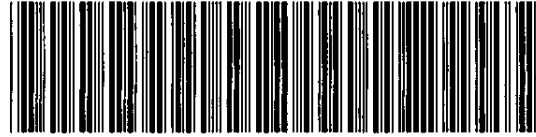
(Business Entity Name)

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Ei
E. DENNARD
8/23/10

3PM Productions, Inc.
7051 Earlwood Ave.
Mount Dora, Fl. 32757

August 23, 2010

To Whom It May Concern:
Division of Corporations
P.O Box 6327
Tallahassee, Fl. 32314

Dear To Whom It May Concern:,
Subject: Officer Name Change

3PM Productions, is requesting a name change on its Vice President, Mellissa. She was recently married and now her name needs to be changed on the corporation paperwork. Attached you will find her marriage license. For 3PM Productions, she would like her name to read Mellisa E. Chandler.

Document # P10000016217
Employer ID # 27 2089391

Respectfully,
Phillip Chandler,
President
3PM Productions, Inc.

RECEIVED
2010 AUG 25 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATION OF VITAL RECORD

STATE OF NORTH CAROLINA
BUNCOMBE COUNTY
OFFICE OF REGISTER OF DEEDS

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

STATE OF NORTH CAROLINA
 DEPARTMENT OF HEALTH AND HUMAN SERVICES - NC VITAL RECORDS

143 982
 LICENSE NUMBER

Buncombe
 COUNTY

1. NAME FIRST: PHILLIP MIDDLE: JOSEPH LAST: CHANDLER	
2a. RESIDENCE-STATE FLORIDA	2b. COUNTY ORANGE
2c. CITY, TOWN, OR LOCATION MOUNT DORA	2d. INSIDE CITY LIMIT (Specify Yes or No) No
3a. STREET AND NUMBER 7051 EARLWOOD AVENUE	3b. BIRTH-PLACE (COUNTY & STATE) ORANGE, FL
4a. DATE OF BIRTH (Month, Day, Year) 1/21/1972	4b. AGE 38
5a. FATHER-NAME BILLY JOEL CHANDLER	5b. STATE OF BIRTH FLORIDA
5c. ADDRESS (if same) EUSTIS, FL	
6a. MOTHER-MARION NAME CAROLYN HOLLOWAY	6b. STATE OF BIRTH FLORIDA
6c. ADDRESS (if same) 8917 SADLER ROAD, MOUNT DORA, FL	
7. RACE (Specify) CAUC	8. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (Specify) SECOND
9. IF PREVIOUSLY MARRIED a. LAST MARRIAGE ENDED BY DIVORCE	b. DATE 8 2007
10. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED ELEMENTARY HIGH SCHOOL COLLEGE (1, 2, 3, 4, OR 5) (1, 2, 3, OR 4) (1, 2, 3, 4, OR 5)	
11a. NAME FIRST: MELISSA MIDDLE: EARLINE LAST: PEREZ	11b. MARRIAGE SURNAME (if different) RADLIFF
12a. RESIDENCE-STATE FLORIDA	12b. COUNTY ORANGE
12c. CITY, TOWN, OR LOCATION MOUNT DORA	12d. INSIDE CITY LIMIT (Specify Yes or No) No
13a. STREET AND NUMBER 7051 EARLWOOD AVENUE	13b. BIRTH-PLACE (COUNTY & STATE) ORANGE, FL
14a. DATE OF BIRTH (Month, Day, Year) 12/29/1971	14b. AGE 38
15a. FATHER-NAME EUGENE RADLIFF	15b. STATE OF BIRTH WISCONSIN
15c. ADDRESS (if same) DECEASED	
16a. MOTHER-MARION NAME PEGGY BRYAN	16b. STATE OF BIRTH FLORIDA
16c. ADDRESS (if same) 2018 E. VOTAW ROAD, APOPKA, FL	
17. RACE (Specify) CAUC	18. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (Specify) SECOND
19. IF PREVIOUSLY MARRIED a. LAST MARRIAGE ENDED BY DIVORCE	b. DATE 8 2008
20. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED ELEMENTARY HIGH SCHOOL COLLEGE (1, 2, 3, 4, OR 5) (1, 2, 3, OR 4) (1, 2, 3, 4, OR 5)	

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE.

SIGNATURE OF MALE APPLICANT
 SIGNATURE OF FEMALE APPLICANT

Doc ID - 022959710001

To any ordained minister of any religious denomination, minister authorized by a church, federally or state recognized Indian nation or tribe, magistrate, or any other person authorized to solemnize a marriage under the laws of this State, you are hereby authorized, at any time within 60 days from the date hereof, to solemnize the proposed marriage at any place within this State. The minister or other person solemnizing this marriage is required within 10 days to return this license to the Register of Deeds who issued the license. Failure to do so subjects person solemnizing marriage to a forfeiture of \$200.00 to anyone who uses for the same.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 July 21, 2010

Otto W. DeBruhl
 REGISTER OF DEEDS

21a. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON MONTH: July DAY: 23 YEAR: 2010	21b. PLACE OF MARRIAGE - COUNTY Yancey County
22a. SIGNATURE OF OFFICIANT Margaret P. Lauterbach (Rev.)	22b. TITLE Minister of Word and Sacrament
23a. NAME OF OFFICIANT (Print Name) Margaret P. Lauterbach	23b. ADDRESS 120 Church St (1st Presbyterian Church)
24a. SIGNATURE OF WITNESS Amy L. Cameron	24b. SIGNATURE OF WITNESS Ashley Dacardi
25a. NAME OF WITNESS (Print Name) Amy L. Cameron	25b. NAME OF WITNESS (Print Name) Ashley Dacardi
26a. ADDRESS OF WITNESS 104 Oak Grove Cir. Lakemary, FL	26b. ADDRESS OF WITNESS 447 Brentwood Club Cir. Lakewood

DATE RETURNED TO REGISTER OF DEEDS 7-26-10
 DHHS 2132 (substitute R00-011)
 VITAL RECORDS VS-80 (Revised 8/04)

RECEIVED BY

REGISTER OF DEEDS COPY

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This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

011-097196

Witness my hand and official seal

this the 26th day of July 20 10

DHHS 3914 (REVISED 5/09) NC VITAL RECORDS

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Register of Deeds seal clearly embossed in left corner.

Otto W. DeBruhl
 Register of Deeds
 Buncombe County

By: Spurgeon J. Zito
 Deputy/Assistant Register of Deeds

ANY ALTERATION OR ERASURE VOID IN CERTIFICATE