

P100000070317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

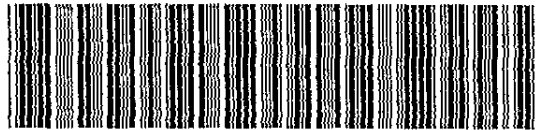
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

name chng due to marriage

KSP  
9/16/15

Office Use Only



300276431693

August 26, 2015.

State of Florida Division of Corporations

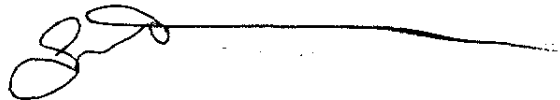
P.O. Box 6327

Tallahassee, FL 32314

To Whom It May Concern

My name was Cynthia Merrell. I am a Registered Agent and Officer of an active S-Corp in the State of Florida. Our EIN number is 27-3329506, our Company name is CPM2, Inc. and our annual report document number is P10000070317. The reason I am writing you is that I recently got married and need to change my name from Cynthia Merrell to Cynthia Myers. Please see attached a copy of my marriage license. I am hoping this is everything that you need to change my name. Please contact me at 727-408-7082 or [gatorb802@yahoo.com](mailto:gatorb802@yahoo.com) if you need any additional information.

Thank You

A handwritten signature in black ink, appearing to read 'Cynthia Myers', followed by a long horizontal line extending to the right.

Cynthia Myers

I#: 2015171061 BK: 18818 PG: 1325, 06/17/2015 at 11:17 AM, RECORDING 1 KEN  
BURKE, CLERK OF COURT AND COMPTROLLER PINELLAS COUNTY, FL BY DEPUTY CLERK:  
CLKDU10

Department of Health • Vital Statistics

STATE OF FLORIDA  
MARRIAGE RECORD

TYPE IN UPPER CASE  
USE BLACK INK

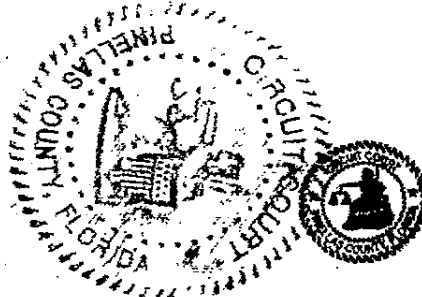
This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

2015 ML 3074360

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. GROOM'S NAME (First, Middle, Last) PETER JAY MYERS		2. DATE OF BIRTH (Month, Day, Year) 07/15/1963	
3a. RESIDENCE - CITY, TOWN, OR LOCATION DUNEDIN	3b. COUNTY PINELLAS	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) FLORIDA
5a. BRIDE'S NAME (First, Middle, Last) CYNTHIA BOAN MERRELL		5b. MAIDEN SURNAME (if different) BOAN	
6. DATE OF BIRTH (Month, Day, Year) 11/28/1960		7. BIRTHPLACE (State or Foreign Country) VIRGINIA	
7a. RESIDENCE - CITY, TOWN, OR LOCATION DUNEDIN	7b. COUNTY PINELLAS	7c. STATE FL	
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 OBTAINANCE 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>Peter Jay Myers</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 06/04/2015	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Sign black ink) <i>William Robinson</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Cynthia Boan Merrell</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 06/04/2015	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Sign black ink) <i>William Robinson</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 PINELLAS	18. DATE LICENSE ISSUED 06/04/2015	18a. DATE LICENSE EFFECTIVE 06/07/2015	19. EXPIRATION DATE 08/06/2015
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Ken Burke</i>		20b. TITLE CLERK OF THE CIRCUIT COURT AND COMPTROLLER	20c. BY D.C. PRR
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 13, 2015	22. CITY, TOWN, OR LOCATION OF MARRIAGE Rocks Beach, Florida		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (See black ink) <i>Rev. Richard V. Lackone</i>		23b. ADDRESS (for person performing ceremony) P.O. Box 557 Rocks Beach, FL 33785	
23c. NAME AND TITLE OF PERSON PERFORMING CEREMONY (For agency use) Rev. Richard V. Lackone Ordained Minister		24. SIGNATURE OF WITNESS TO CEREMONY (See black ink) <i>X. [Signature]</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (See black ink) <i>X. [Signature]</i>	



STATE OF FLORIDA-PINELLAS COUNTY

I hereby certify that the foregoing is a true  
copy as recorded in the official records of  
Pinellas County.  
This day of June, 2015

Ken Burke  
Clerk of Circuit Court & Comptroller

*[Signature]*  
Recording Clerk