

P96000085932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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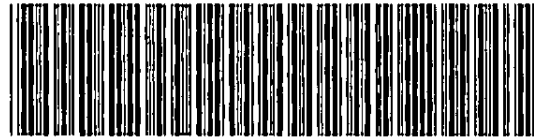
(Business Entity Name)

(Document Number)

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2022 APR 21 PM 5:30

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

JUN - 7 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Moore-Terihay Agency Inc.
Name of Corporation

DOCUMENT NUMBER: P96000085932

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:

Brenda Shields
Name of Contact Person

Moore-Terihay Agency Inc.
Firm/Company

1315 Providence Rd.
Address

Brandon FL 33511
City/State and Zip Code

bterihay@terihayagency.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Shields at (813) 503-2976
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Moore - Terihay Agency Inc.
2. The principal office address: 1315 Providence Rd.
Brandon FL 33511
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10-17-1996 Document number: P96 0000 85932
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)
Brenda Moore - Terihay
1315 Providence Rd.
Brandon FL 33511

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

Brenda Shields
1315 Providence Rd
Brandon FL 33511

SECRETARY OF STATE
TALLAHASSEE, FL

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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.

Brenda Shields
Signature of an officer or director

Brenda Shields/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.

Brenda Shields
Signature of Registered Agent

4-20-22
Date

If signing on behalf of an entity:

Brenda Shields
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 (04/13)

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)

*STATE OF FLORIDA COUNTY OF SARASOTA
I hereby certify that the foregoing is a true and correct copy
of pages 1 through 1 of the instrument filed in
this office. The original instrument filed contains 1
pages.

☒ This copy has no redactions ☐ This copy has been
redacted pursuant to law.
Witness my hand and official seal this 28 day of
February, 2022

KAREN E. RUSHING, CLERK OF THE CIRCUIT COURT
By: [Signature]
Deputy Clerk

2021 ML 003024

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) RONALD EDWARD SHIELDS		1d MAIDEN SURNAME (if applicable)		2. DATE OF BIRTH (Month, Day, Year) 09/19/1961	
3a. RESIDENCE - CITY, TOWN, OR LOCATION LONGBOAT KEY		3b. COUNTY SARASOTA		3c. STATE FLORIDA	
5. NAME OF SPOUSE (First, Middle, Last) BRENDA GAIL MOORE TERIHAY		5b MAIDEN SURNAME (if applicable) MOORE		6. DATE OF BIRTH (Month, Day, Year) 12/12/1962	
7a. RESIDENCE - CITY, TOWN, OR LOCATION LONGBOAT KEY		7b. COUNTY SARASOTA		7c. STATE FLORIDA	
				8. BIRTHPLACE (State or Foreign Country) ARKANSAS	
				8. BIRTHPLACE (State or Foreign Country) MICHIGAN	

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 SPOUSE (Sign full name using black ink) <u>Ronald Edward Shields</u>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/30/2021	
11. TITLE OF OFFICIAL Deputy Clerk		12. SIGNATURE OF OFFICIAL (Use black ink) <u>Karen E. Rushing</u>	
13. SIGNATURE OF SPOUSE (Sign full name using black ink) <u>Brenda Gail Moore Terihay</u>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/30/2021	
15. TITLE OF OFFICIAL Deputy Clerk		16. SIGNATURE OF OFFICIAL (Use black ink) <u>Karen E. Rushing</u>	

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 SARASOTA		18. DATE LICENSE ISSUED 12/30/2021		19a. DATE LICENSE EFFECTIVE 01/02/2022		19. EXPIRATION DATE 02/27/2022	
20a. SIGNATURE OF COURT CLERK OR JUDGE <u>Karen E. Rushing</u>		20b. TITLE CLERK OF THE CIRCUIT COURT		20c. BY S.C. <u>[Signature]</u>			

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) <u>February 22, 2022</u>		22. CITY, TOWN, OR LOCATION OF MARRIAGE <u>Longboat Key, FL</u>	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <u>David A. Campbell</u>		23c. ADDRESS (Of person performing ceremony) <u>2043 Harbor Links Drive Longboat Key, FL 34268</u>	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) <u>Minister</u>		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>[Signature]</u>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>[Signature]</u>	

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

SPOUSE	26. SOCIAL SECURITY NUMBER 430 - 25 - 0289	27. RACE NOT REQUIRED	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c	
				29a. NO. OF THIS 28b. LAST MARRIAGE ENDED BY MARRIAGE (DEATH, DIVORCE OR ANNULMENT) 2	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 08/01/2006
SPOUSE	30. SOCIAL SECURITY NUMBER 384 - 66 - 0173	31. RACE NOT REQUIRED	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c	
				33a. NO. OF THIS 33b. LAST MARRIAGE ENDED BY MARRIAGE (DEATH, DIVORCE OR ANNULMENT) 3	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 01/29/2020