



October 14, 2008

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

To Whom It May Concern:

This letter is to request an officer name change from Eileen G. Blocker or Eileen Blocker to **Eileen Blocker Milam** for the following corporations:

1. Coastal Food Brokers, Inc.
Document Number: P08000085937
FEI Number: None
2. Magnolia Referrals, Inc.
Document Number: P98000084492
FEI Number: 593652223
3. Magnolia Properties of Jacksonville, Inc.
Document Number: P96000032578
FEI Number: 593375409
4. The Title Company of Jacksonville, Inc.
Document Number: P02000045618
FEI Number: 043652154
5. Angelworks of Jacksonville, Inc.
Document Number: N97000006547
FEI Number: 593477539
6. Magnolia Construction of Jacksonville, Inc.
Document Number: P07000022202
FEI Number: 208497841
7. Blocker Rental Management, LLC
Document Number: L07000002973
FEI Number: 208185496

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RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

OCT 23 AM 11:42

FILED

I have enclosed a copy of my marriage certificate as well as the documents of each corporation. If you have any question, please feel free to contact me at (904) 348-5665 or my assistant, Monique, at (904) 821-3083.

Thank you,

Eileen Blocker Milam
Broker

9086 Cypress Green Drive
Jacksonville, Florida 32256
Office (904) 348-5665 Fax (904) 348-5548
www.magnoliaproperties.com

MISC
CHG. NAME DUE
TO MARRIAGE
10/23

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.

Recorded **STATE FILE NUMBER**

Records 10/02/2008 at

09:31 AM, OR Book 14655

Page 1233, Instrument #

2008251310,

Jim Fuller Clerk of the

Circuit Court

Duval County, FL

2008 ML 1226732

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) JACK RALPH MILAM JR			2. DATE OF BIRTH (Month, Day, Year) 05/23/1955		
3a. RESIDENCE - CITY, TOWN, OR LOCATION JACKSONVILLE		3b. COUNTY DUVAL	3c. STATE FLORIDA		4. BIRTHPLACE (State or Foreign Country) FLORIDA
5a. BRIDES NAME (First, Middle, Last) EILEEN GALVIN BLOCKER			5b. MAIDEN SURNAME (If different) GALVIN		6. DATE OF BIRTH (Month, Day, Year) 07/27/1954
7a. RESIDENCE - CITY, TOWN, OR LOCATION JACKSONVILLE		7b. COUNTY DUVAL	7c. STATE FLORIDA		8. BIRTHPLACE (State or Foreign Country) TEXAS

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) [Signature]		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 09/05/2008	
11. TITLE OF OFFICIAL DEPUTY CLERK Jack Ralph Milam Jr		12. SIGNATURE OF OFFICIAL (Use black ink) [Signature]	
13. SIGNATURE OF BRIDE (Sign full name using black ink) [Signature]		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 09/05/2008	
15. TITLE OF OFFICIAL DEPUTY CLERK Eileen Galvin Blocker		16. SIGNATURE OF OFFICIAL (Use black ink) [Signature]	

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 DUVAL	18. DATE LICENSE ISSUED 09/05/2008	18a. DATE LICENSE EFFECTIVE 09/08/2008	19. EXPIRATION DATE 11/07/2008
20a. SIGNATURE OF COURT CLERK OR JUDGE BY [Signature] JIM FULLER		20b. TITLE CLERK OF CIRCUIT COURT	20c. BY D.C. LLB

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) September 26, 2008		22. CITY, TOWN, OR LOCATION OF MARRIAGE JACKSONVILLE BEACH	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) Rev. Dr. John L. Oliver		23c. ADDRESS (Of person performing ceremony) PO BOX 16441 JACKSONVILLE, FL 32245	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Rev. Dr. John L. Oliver		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) [Signature]	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) [Signature]	

SEAL

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

GROOM	26. SOCIAL SECURITY NUMBER 265194538	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c		
				29a. NO. OF THIS MARRIAGE 03	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 06/18/2007
BRIDE	30. SOCIAL SECURITY NUMBER 261152115	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c		
				33a. NO. OF THIS MARRIAGE 02	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 12/19/1990

STATE OF FLORIDA
DUVAL COUNTY

I, THE UNDERSIGNED Clerk of the Circuit Court, Duval County
Florida, DO HEREBY CERTIFY the within and foregoing is a true
and correct copy of the original as it appears on record and file
in the office of the Clerk of Circuit Court of Duval County, Florida
WITNESS my hand and seal of Clerk of Circuit Court
Jacksonville, Florida, this the 3 day of OCTOBER, 2028

JIM FULLER

Clerk, Circuit and County Court:
Duval County, Florida

By Rafaela Figueroa
Deputy Clerk

