131596

| (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: |
| |
| |

Office Use Only



200337122982

11, 20,114---91515---935 (**85.5)

19 KOV 20 PH 2: LO

bruend

DEC 2 3 2019

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

Commence of the second

| NAME OF CORPORATION | Brandywine Homeov ON: | vners Association, In- | C. | | | | |
|-------------------------------|--|---|------------|------------------------|---------------------------------------|---------------------|---|
| DOCUMENT NUMBER: | 737596 | | | | | | |
| The enclosed Articles of Am | endment and fee are subr | nitted for filing. | | | | | |
| Please return all corresponde | ence concerning this matte | er to the following: | | | | | |
| Lorin Myers | | | | | | | |
| | | (Name of Contact Pe | rson) | | | | _ |
| Brandywine Homeowners A | association, Inc. | | | | | | |
| | | (Firm/ Company |) | | | | _ |
| PO Box 37 | | | | | | | |
| | | (Address) | | | | | |
| De Leon Springs, FL 32130 | | | | | | | |
| | 2 | (City/ State and Zip (| odc) | | · · · · · · · · · · · · · · · · · · · | | _ |
| bhoadeland@yahoo.com | | | | | | | |
| E | -mail address: (to be used | for future annual rep | ort notifi | cation) | | | _ |
| For further information conc | erning this matter, please | call: | | | | | |
| Lorin Myers | | 4. | 386 | | 3014890 | <u>د</u> ب اح | |
| | (Name of Contact Person | | (Area C | ode) (| Daytime Telep | ohone Number) | |
| Enclosed is a check for the f | ollowing amount made pa | yable to the Florida [|)epartme | nt of Sta | te: | 3 | 3 = 100 2 = 1000 2 = 100 2 = 1 |
| \$35 Filing Fee | ☐S43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee Certified Copy (Additional copy is enclosed) | ; | Certifica Certified | nal Copy is | | OF STALE |

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

Articles of Amendment to Articles of Incorporation of

| Brandywine Homeowners Association, Inc. | | | | | |
|---|--------------|-------------------------|-------------------|-------------------------|------------------------|
| (Name of Corporation | as currei | ntly filed with | the Florida De | ot. of State) | |
| 737596 | | | | | |
| (Досиг | nent Numl | ber of Corporat | tion (if known) | | |
| Pursuant to the provisions of section 617.1006, Flomendment(s) to its Articles of Incorporation: | rida Statut | es, this <i>Florida</i> | ı Not For Profit | Corporation adopts th | e following |
| a. If amending name, enter the new name of the | corpora | tion: | | | |
| lot Applicable | | | | | The many |
| name must be distinguishable and contain the word Company" or "Co." may not be used in the nam | | ition" or "inco | orporated" or the | abbreviation "Corp." | The new " or "Inc." |
| B. Enter new principal office address, if applicable: | | | | | |
| Principal office address <u>MUST BE A STREET A</u> | |) | | | |
| | | - | _ | | |
| | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <u>BOX</u>) | Not Applicat | ble | 4.444.414.614 | |
| | | | | | |
| | | | | | |
| If amending the registered agent and/or registered registered agent and/or the new register | | | Florida, enter t | he name of the | 19 % |
| Name of New Registered Agent: Not App | | licable | | | AOX |
| | | | | | |
| | | | (Florida stro | et address) | |
| New Registered Office Address: | | | | | .;; |
| | | | _ | , Florida | ·t- |
| | | (City) | • | (Zip Code) | |
| iew Registered Agent's Signature, if changing I | }eaistered | l Avent: | | | |
| hereby accept the appointment as registered agen | | | d accept the obli | gations of the position | |
| | | | | | |
| _ | | | | | |
| _ | | Signature of Ne | w Registered Ag | ent, if changing | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | <u>V</u> <u>Mi</u> | in Doe ke Jones ly Smith | |
|----------------------------------|--------------------|--------------------------------|------------------|
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) Change | D | James Graesart | 845 Lancaster Rd |
| X Add | | | Deland, FL |
| Remove | | | 32720 |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | <u> </u> |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (attach additional sheets, if necessary). | (Be specific) | | |
|---|---------------|---|--|
| ot Applicable | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | - | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | · | |
| | | · | |
| | | | |
| | | | |

| | | | Nov. 12, 2019 | |
|--------------------------|--------------------------------------|--------------|---|---------------------|
| The | date of each amen | dment(s) ad | option: | , if other than the |
| date | this document was | signed. | | |
| | | Nov. | 12, 2019 | |
| Eff | ective date <u>if applic</u> | able: | | |
| | | | (no more than 90 days after amendment file date) | |
| | | | ck does not meet the applicable statutory filing requirements, this date will noartment of State's records. | ot be listed as the |
| Adoption of Amendment(s) | | ent(s) | (<u>CHECK ONE</u>) | |
| | The amendment(s) was/were sufficient | | opted by the members and the number of votes cast for the amendment(s) | |
| | There are no membadopted by the boa | | ters entitled to vote on the amendment(s). The amendment(s) was/were rs. | |
| | Dated | Nov. 14, 20 | | |
| | Signature | | Joen B. Lis | |
| | (| have not bee | han or vice chairman of the board, resident or other officer-if directors on selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) | |
| | | Lorin My | rers | |
| | | | (Typed or printed name of person signing) | |
| | | President | | |
| | | | (Title of person signing) | |