

NO2891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

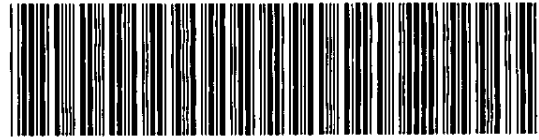
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FEB 17 2016  
C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Townhomes of Briarwood Association, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N02891

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:

Karen Mitchell  
Name of Contact Person

Townhomes of Briarwood Assoc, Inc.  
Firm/Company

13537 Siesta Pines Ct  
Address

Ft. Myers, FL 33908  
City/State and Zip Code

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

For further information concerning this matter, please call:

Karen Mitchell at ( 239 ) 244-1414  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Townhomes of Briarwood Association, Inc.  
2. The principal office address: 13537 Siesta Pines Ct  
Ft. Myers, FL 33908  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1984 Document number: N02891

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)  
- RESIGNED - (PRO-CAM of SUFL)

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Karen Mitchell  
13537 Siesta Pines Ct  
P.O. Box NOT acceptable  
Ft. Myers, FL 33908

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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.

[Signature]  
Signature of an officer or director

Frank Ciancio Treasurer  
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.*

Karen Mitchell  
Signature of Registered Agent

Feb 10, 2016  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*