## N13000000593

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ADFORD CREE	K OWNERS ASS	OCIATION, I	NC.	
DOCUMENT NUMBER:	000593				
The enclosed Articles of Amendment	and fee are subm	nitted for filing.			
Please return all correspondence conc	erning this matte	r to the following	:		
Michael Miller					
		(Name of Contac	t Person)		
Empire Management Group, Inc.					
·		(Firm/ Comp	any)		
770 Almond St. Suite A					
		(Address	)	<del></del> -	
Clermont, FL 34711					
		(City/ State and Z	ip Code)		<b>(5</b> )
hoa@empiremanagementgrp.com					101
E-mail add	ress: (to be used	for future annual	report notificat	ion)	
For further information concerning th	is matter, please	call:			_p 75
Michael Miller			352 at	535-0099	로 
(Name o	(Contact Person)		(Area Code	e) (Daytime Teleph	ione Number)
Enclosed is a check for the following	amount made pay	able to the Floric	la Department	of State:	
	75 Filing Fee &   ficate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)	Cer by is Cer (Ac	2.50 Filing Fee rificate of Status rified Copy Iditional Copy is closed)	
Mailing Address Amendment Section	1		Street Addres Amendment Se		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

BRADFORD CREEK OWNERS ASSOCIATION, INC.

	, IIVC.			
(Name of Corporation	n as curren	tly filed with the Florida Dept. of	State)	
N13000000593				
(Docu	ment Numb	er of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida Not For Profit Corp</i>	noration adopts the fo	llowing
A. If amending name, enter the new name of th	e corporati	on:		
n/a			*3	-1
name must be distinguishable and contain the wor. "Company" or "Co." may not be used in the nam		ion" or "incorporated" or the abb		he new "Inc."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )		770 Almond St. Suite A		
		(E) Clermont, FL 34711		
•				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		770 Almond St. Suite A		
		Clermont, FL 34711		
				Ç2
). If amending the registered agent and/or regi	stered offic	e address in Florida, enter the na	ime of the	رد: ارد
new registered agent and/or the new register		<del></del>		
Name of New Registered Agent:	Michael N			
	770 Almond St. Suite A		77 (2)	
New Registered Office Address:		(Florida street ada	lress)	<del></del> -ō
	Clermont		34711	
		(Citv)	_, Florida (Zip Code)	
		•	14.	
New Registered Agent's Signature, if changing hereby accept the appointment as registered agen			ons of the position.	
-		My		<del></del>
	Si	gnature of New Registered Agent, i	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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change			<del>-</del>
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	·	_	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
n/a		
· ·		
<u>.                                    </u>		

• •	10/17/2018	
The date of each amendments	(s) adoption:	, if other than the
date this document was signed.		
	11/1/2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, to Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the a proval.	mendment(s)
There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) irectors.	) was/were
10/17/ Dated	DocuSigned by:	
	Nora Schuster	
Signature		
(Ry the	chairman or vice chairman of the board, president or other officer-	if dimeter
have no	of been selected, by an incorporator – if in the hands of a receiver,	trustee or
	ourt appointed fiduciary by that fiduciary)	indstee, or
Mic	Hart Miller Norm Schuster	
	(Typed or printed name of person signing)	
	President.	
	(Title of person signing)	