

No 2891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

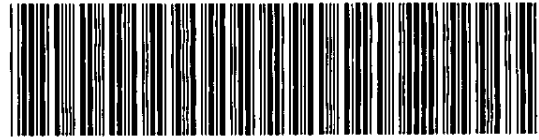
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500282218645

02/16/16--01008--022 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB 16 AM 7:43

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 SWFL)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB 16 AM 7:43

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] Frank Ciancio Treasurer
Signature of an officer or director 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 Feb 10, 2016
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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