## N05000009437

•		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900307001419

01/10/18+-01014--004 \*\*35.00

onia Jan 10 an co 311

AN TOWN

## COVER LETTER

TO: Amendment Section Division of Corporations

A = -				•
- 201A	1211		耕食	
-010	UAN.	1 12	fle on	
			ማጣ ሊያ	31

VE HOMEOWNERS ASSOCIATION, INC.
re submitted for filing.
s matter to the following:
(Name of Contact Person)
1
(Firm/ Company)
(Address)
(City/ State and Zip Code)
•
pe used for future annual report notification)
please call:
407 841-6555 at
Person) (Area Code) (Daytime Telephone Number)
nade payable to the Florida Department of State:
Fee & \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{
Street Address Amendment Section

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

2010 JAN 10 AM 10 3 a

BR'S RESERVE HOMEOWNERS ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N05000008437 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The Reserve At Interlachen Homeowners' Association, Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc," "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A l'Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Page Lof 4

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	PT V SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Add	ress
1) Change		N/A		
Add				
Remove				
2) Change		N/A		
Add				
Remove				
3 ) Change		- <u>N/A</u>		
Add			-	
Remove				<u> </u>
4) Change		N/A		·
Add				
Remove				
5) Change		N/A		
Add				
Remove				
6) Change		N/A		i
Add	_			
Remove		P.a		

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
N/A	1
	- <del>-</del> -
· · · · · · · · · · · · · · · · · · ·	
	· 
	<u> </u>

The date of each am	endment(s) adoption:	!, if other than the
date this document w	as signed.	1
Effective date <u>if app</u>	licable:	
	(no more than 90 days after amendment file date)	
	erted in this block does not meet the applicable statutory filing requirements, thi date on the Department of State's records.	s date will not be listed as the
Adoption of Amend	ment(s) ( <u>CHECK ONE</u> )	
	(s) was/were adopted by the members and the number of votes cast for the amer ent for approval.	ndment(s)
	mbers or members entitled to vote on the amendment(s). The amendment(s) was	is/were
Dated	January 9, 2018	
Signatu	re Call Coll	
	(By the chairman or vice chairman of the board, president or other officer-if d have not been selected, by an incorporator – if in the hands of a receiver, true other court appointed fiduciary by that fiduciary)	
	Carl Jacobs	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>
	•	