

N06000004288

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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
C.COULLIETTE

AUG 12 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Barrington Circle Office Condominium
Association II,
Inc

DOCUMENT NUMBER: NO16000004288

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy Reavis

Name of Contact Person

Smith, Thompson, Shaw + Manausa, P.A.

Firm/ Company

3520 Thomasville Rd, 4th Floor

Address

Tallahassee, FL 32309

City/ State and Zip Code

tracyr@stolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Reavis

Name of Contact Person

at (850) 241-0137

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

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

Barrington Circle Office Condominium Association II, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO6000004288

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

2933 Kerry Forest Pkwy
Tallahassee, FL 32309

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

2933 Kerry Forest Pkwy
Tallahassee, FL 32309

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:

Daniel E. Manausa

New Registered Office Address:

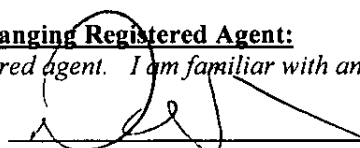
3520 Thomasville Rd. 4th Floor

(Florida street address)

Tallahassee, Florida 32309
(City) (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

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10 AUG 12 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Pres.</u>	<u>James A Jarrett</u>	<u>2509 Barrington</u> <u>Tall., FL 32308</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Pres</u>	<u>Brian S. Winchester</u>	<u>2933 Kerry Forest</u> <u>Pkwy</u> <u>Tall., FL 32309</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>STD</u>	<u>Ron P. Wallace</u>	<u>2509 Barrington</u> <u>Tall., FL 32308</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 8/3/2010
(date of adoption is required)

Effective date if applicable: 8/3/2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 8/3/2010

Signature [Signature]
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Brian J. Winchester
(Typed or printed name of person signing)

President
(Title of person signing)