

N100000006272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

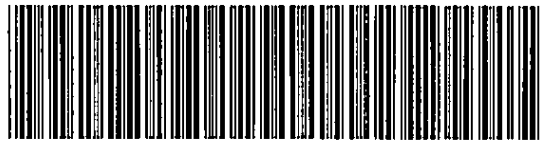
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05/27/22--01033--001 **35.00

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FILED
2022 MAY 27 PM 2:19
CFL

6/4/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BROWNSTONE MANOR HOMEOWNERS ASSOCIATION, INC.

DOCUMENT NUMBER: N10000006272

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

Please return all correspondence concerning this matter to the following:

JENNIFER H. COPUS, Esq.
(Name of Contact Person)

COPUS & COPUS, P.A.
(Firm/ Company)

25 WALTER MARTIN ROAD NE, SUITE 200
(Address)

FORT WALTON BEACH, FLORIDA 32548
(City/ State and Zip Code)

JENNIFER@COPUSLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIFER H. COPUS, Esq. at (850) 609-1433
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

May 19, 2022

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: BROWNSTONE MANOR HOMEOWNERS ASSOCIATION, INC.
Document Number: N10000006272

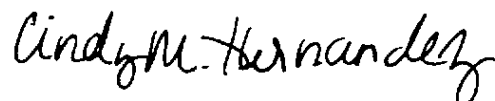
Dear Sir or Madam:

Attached in the above-referenced matter, please find the following documents:

1. Copy of your letter dated March 31, 2022;
2. Cover Letter;
3. Articles of Amendment; and
4. Check in the amount of \$35.00.

If you have any questions, please do not hesitate to contact our office.

Sincerely,



CINDY M. HERNANDEZ, FRP
Paralegal to Jennifer H. Copus, Esq.

/cmh
Enclosures: as stated.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

copy

March 31, 2022

JENNIFER H COPUS, ESQUIRE
25 WALTER MARTIN ROAD NE
SUITE 200
FORT WALTON BEACH, FL 32548

SUBJECT: BROWNSTONE MANOR HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N10000006272

We have received your document for BROWNSTONE MANOR HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There are no provisions to file Articles of Correction to correct an annual report.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 922A00007560

RECEIVED

2022 MAY 24 PM 12:42

SECTION 10, STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

FILED

BROWNSTONE MANOR HOMEOWNERS ASSOCIATION, INC.

2022 MAY 27 PM 2:19

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000006272

SECRETARY OF STATE
TALLAHASSEE, FL

(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 new
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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1325 COMMERCE DRIVE

#1184

CRESTVIEW, FLORIDA 32536

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:

(City)

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

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>X</u> Change ___ Add ___ Remove	<u>D</u>	<u>RONALD CHILDRES</u>	<u>3332 CITRINE CIRCLE</u> <u>CRESTVIEW, FLORIDA 32539</u>
2) ___ Change ___ Add ___ Remove	_____	_____	_____
3) ___ Change ___ Add ___ Remove	_____	_____	_____
4) ___ Change ___ Add ___ Remove	_____	_____	_____
5) ___ Change ___ Add ___ Remove	_____	_____	_____
6) ___ Change ___ Add ___ Remove	_____	_____	_____

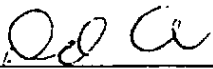
E. If amending or adding additional Articles, enter change(s) here:

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

[illegible]

- ☒ 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 05/16/2022

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)

DAVID COMBS
(Typed or printed name of person signing)

VP
(Title of person signing)