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J 1/3/2023

COVER LETTER

TO: Amendment Section Division of Corporations

Brent Condonminit NAME OF CORPORATION:	um Association, Inc.	
N21000011477		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Kramer A. Litvak		
	(Name of Contact Perso	n)
Litvak Beasley Wilson & Ball, LLP		
	(Firm/ Company)	
40 S. Palafox Place, Suite 300		
	(Address)	
Pensacola, Florida 32502		
	(City/ State and Zip Coo	le)
kramer@lawpensacola.com		
E-mail address: (to be use	ed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
	at	
(Name of Contact Perso	n) (A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	_	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section		Address dment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Brent Condonminium Association, Inc.

2022 OCT -7 AM 7: 53

(Name of Corporation as currently filed with the Flor	rida Dept. of State)	SECRETATA OF STAT TALLAHASSEE, FL
N21000011477		TALLAHASSEE, FL
(Document §	Number of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For F	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
Brent Condominium Association, Inc.		The new
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporated" (
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	VFSS)	
Trincipal office datasess spoot the HOTKERT ROOM		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))	
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		ter the name of the
Name of New Registered Agent:		
	(Florie	la street address)
New Registered Office Address:		
<u></u>		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I define the appointment as registered agent.	tered Agent: am familiar with and accept the	obligations of the position.
	Signature of New Registere	d 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: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>D</u>	Charles L. Switzer	426 Montrose Blvd. Gulf Breeze, Florida 32561
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		ticles, enter change(s) here: (Be specific)	
			

		<u> </u>
		_
		
		
		_ _
		.
		<u> </u>
		
The date of each amendment(s) adoption:	:	_, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
(1)	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not at of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.		
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) William Y. Lovelace		
(Typed or printed name of person signing)		
Vice President/ Director		
(Title of person signing)		