139397

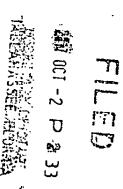
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700304077317

10/02/17--01020--012 **35.00



CCT 0 3 (01)

COVER_LETTER

TO: Amendment Section Division of Corporations

BRIARCREST HOMEOWNER'S ASSOCIAT NAME OF CORPORATION:	FION, INC.
N29897 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sherry Nassoiy, CAM	
(Name of Contact Person	1)
CornerStone Association Management, Inc.	
(Firm/ Company)	
11934 Fairway Lakes Drive, Suite 1	
(Address)	
Fort Myers, FL 33913	
(City/ State and Zip Code	e)
email@cshoamanagement.com	
E-mail address: (to be used for future annual report i	notification)
For further information concerning this matter, please call:	
Sherry Nassoiy, CAM 23	
	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Depa	artment of State:
\$35 Filing Fee Certificate of Status 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

BRIARCREST HOMEOWNER'S ASSOCIATION INC.

(Name of Corporation		ly filed with the Florid	a Dent. of State)
N29897	as current	IV med with the Florid	a Dept. of State)
(Docum	nent Numbe	er of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Flor imendment(s) to its Articles of Incorporation:	ida Statute:	s, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation :	on:	
N/A name must be distinguishable and contain the word		ing the Minneson weets the	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		on or incorporated	or the abtrieviation Corp. or the.
B. Enter new principal office address, if applica		N/A	
(Principal office address <u>MUST BE A STREET A</u>	<u>DDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	N/A	
D. If amending the registered agent and/or reginew registered agent and/or the new registered.			enter the name of the
Name of New Registered Agent:	N/A	 _	
Name of New Registerea Agent.		·	
	-	(Florida street address)	
New Registered Office Address:			
	N/A		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing			de a delicarei sono a Colon securiti de
I hereby accept the appointment as registered age	u. 1 am ja	тинаг жин апа ассери і	ne ovagations of the position.
-	S	ignature of New Registe	ered Agent, if changing
			200 - N
		Dago Lof (LTD -2 Pa
		Page 1 of 4	
			Tile w

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	<u>V</u> <u>Mil</u>	nn Doe ke Jones ly Smith	
Type of Action (Check Óne)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	James Darby	15224 Briarcrest Circle
Add			Fon Myers, FL 33912
X Remove			
2) Change	D	Douglas Leffin	15453 Briarcrest Circle
X Add			Fon Myers, FL 33912
Remove			
3) Change			
Add			
Remove			
4) Change			
, Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article (attach additional sheets, if necessary). ((Be specific)	
'A		
		
· · · · · · · · · · · · · · · · · · ·		
	·	_
		<u>. </u>

•	, N/A	
The date of each amendment(s date this document was signed.) adoption:	_, if other than the
=	N/A	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer was/were sufficient for app	re adopted by the members and the number of votes east for the amendment(s) royal.	
There are no members or madopted by the board of dis	numbers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated Que	quat 11, 2017	
Signature Su	ii donkin	_
(By the c	chairman or vice chairman of the board, president or other officer-if directors it been selected, by an incorporator – if in the hands of a receiver, trustee, or pairt appointed fiduciary by that fiduciary)	
<u>K</u> i	ERRI TONKIN	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	