

N37916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FBI
OFFICE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2023

RANDAL MERCER
12140 CARISSA COMMERCE CT
SUITE 102
FORT MYERS, FL 33966

SUBJECT: BRITTANY PROFESSIONAL CENTRE CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N37916

We have received your document for BRITTANY PROFESSIONAL CENTRE CONDOMINIUM 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):

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Not for Profit Corporation. Please complete and return the enclosed blank form(s).

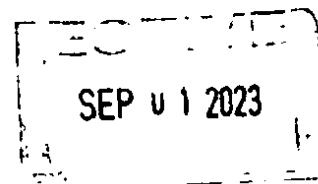
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Morgan E Lovett
Regulatory Specialist II

Letter Number: 023A00017029

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FILE



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Brittany Professional Centre Condominium Association Inc

DOCUMENT NUMBER: N37916

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

Please return all correspondence concerning this matter to the following:

Randal Mercer

(Name of Contact Person)

CRE Consultants

(Firm/ Company)

12140 Carissa Commerce Ct. Suite 102

(Address)

Fort Myers, FL 33916

(City/ State and Zip Code)

randal.mercer@creconsultants.com

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

For further information concerning this matter, please call:

Randal Mercer

(Name of Contact Person)

at (889) - 989-1441

(Area Code) (Daytime Telephone Number)

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

- | | | | |
|--|--|---|--|
| <input 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

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FILE

Articles of Amendment
to
Articles of Incorporation
of

Brittany Professional Centre Condominium Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N379110

(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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

(Florida street address)

New Registered Office Address:

_____, Florida

(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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DATE

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> |

| Type of Action (Check One) | Title | Name | Address |
|---|----------|----------------------|---|
| 1) <u>X</u> Change <u>X</u> Add ____ Remove | <u>P</u> | <u>Don Nyman</u> | <u>1728 SE 40th Terrace</u> <u>Cape Coral, FL 33904</u> |
| 2) <u>X</u> Change <u>X</u> Add ____ Remove | <u>V</u> | <u>Nick Hackett</u> | <u>125 Carnoustie</u> <u>Media, PA 19063</u> |
| 3) <u>X</u> Change <u>X</u> Add ____ Remove | <u>T</u> | <u>Pandal Mercer</u> | <u>1740 Carissa Commerce Ct.</u> <u>Ste 108</u> <u>Fort Myers, FL 33916</u> |
| 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)

N/A

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Blank lined area for text entry.

The date of each amendment(s) adoption: N/A if, other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

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STATE

- ☐ 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

8/23/23

Signature

Randal Mercer

(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)

Randal Mercer

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

9/28 SEP - 1 PM 4:40
DATE
C.O.L.