



CHANGE RIDER

To be attached to and form a part of surety bond number _	, dated the11th
lay of,,, issued by _Liberty Mutu	al Fire Insurance Company
s surety (the "Surety"), on behalf of Angel Brothers Enterpris	ses, Ltd. and B-Brook Land Partners, LP
	, as principal (the "Principal"),
n favor of Fort Bend County	
	, as obligee (the "Obligee").
The Principal and the Surety hereby consent to changing the	attached bond as follows:
The penalty for this subdivision bond is \$8,500.00 which rep	resents pavement repairs for Bonbrook
Plantation South Section Ten	
Awatt Aza By:	ngel Brothers Enterprises, Ltd. (Principal) Manue Angel (Seal)
	Chance Angel, Vice President berty Mutual Fire Insurance Company (Surely) Cauren O. Moudy Attorney in Fact (Seal)
	Surety Phone No. (617) 357-9500
(Obligee)	
By: (Seal) Name: Title:	
Date:	

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Fire Insurance Company Wausau, Wisconsin

Certificate No:	
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POWER OF ATTORNEY

consin does hereby make, constitute and appoint Ashley Britt, Alyson Carmichael, Robert C. Davis, Tabitha Dorman, Nikole Jeannette, Lacey Mayfield, Ty K. McCord, David T. Miclette, Lauren O. Moudy, Heather Noles, Robert M. Overbey, Jr.
of the city of Houston state of TX each individually if there be more than one named, its true and lawful attorney(s)-in-fact, with full ver and authority hereby conferred in their/its name, place and stead, to sign, execute, acknowledge and deliver in their/its behalf, and as their/its act and deed, without power of elegation, as follows:
bonds, undertakings, recognizances, contracts of indemnity, and all other surety obligations, as required, unlimited as to Dollar amount to bind the Company(ies) making this appointment thereby as fully and to the same extent as if such bond or undertaking was signed by the duly authorized officers of the npany(ies), and all the acts of said attorney(s), pursuant to the authority herein given, are hereby ratified and confirmed.
AUTHORITY FOR MAKING APPOINTMENT OF ATTORNEYS-IN-FACT
pointment of Attorneys-in-Fact by Liberty Mutual Fire Insurance Company are made pursuant to Article V, Section 10 of Liberty Mutual Fire Insurance Company's By-Laws, as ended and by Unanimous Consent of the Board of Directors dated May 21st, 2013. Further, the President of Liberty Mutual Fire Insurance Company, executed a Delegation of hority and authorized the assistant secretary signing below to appoint attorneys-in-fact as may be necessary to act on behalf of Liberty Mutual Fire Insurance Company to make cute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances, and other surety obligations.
WITNESS WHEREOF, Liberty Mutual Fire Insurance Company has caused these presents to be signed by its authorized representatives, and its Corporate Seal to be hereto affixed,
Liberty Mutual Fire Insurance Company 1908 By: David M. Carey, Assistant Secretary
Attest: Lisa Love
te of PENNSYLVANIA unity of MONTGOMERY ss
foregoing instrument was acknowledged before me this 5th day of December, 2019 by David M. Carey, an authorized representative of Liberty Mutual Fire Insurance Company.
Attest: Lisa Love By: David M. Carey, Assistant Secretary
RTIFICATE

I, the undersigned, an Assistant Secretary of Liberty Mutual Fire Insurance Company, do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy, is in full force and effect on the date of this certificate; and I do further certify that the officer or official who executed the said power of attorney was one of the officers or officials specially authorized by the Board of Directors to appoint attorneys-in-fact as provided in the Unanimous Consent and Vote of the Board of Directors of Liberty Mutual Fire-Insurance Company dated May 21, 2013.

This certificate and the above power of attorney may be signed by facsimile or mechanically reproduced signatures under and by authority of the Board of Directors of Liberty Mutual Fire Insurance Company evidenced by the Unanimous Consent and Vote of the Board of Directors dated June 28, 2006 wherein it was

VOTED that the signatures of such officers and the seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature and facsimile seal shall be valid and binding upon the Company when so affixed and in the future with respect to any surety undertakings, bonds, recognizances and other surety obligations to which it is attached.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the said company, affixed, this



By: Renee C. Llewellyn, Assistant Secretary



TEXAS IMPORTANT NOTICE

To obtain information or make a complaint:

You may call toll-free for information or to make a complaint at 1-877-751-2640

You may also write to:

2200 Renaissance Blvd., Ste. 400 King of Prussia, PA 19406-2755

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at 1-800-252-3439

You may write the Texas Department of Insurance Consumer Protection (111-1A)

P. O. Box 149091 Austin, TX 78714-9091 FAX: (512) 490-1007

Web: http://www.tdi.texas.gov

E-mail: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should first contact the agent or call 1-800-843-6446. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

TEXAS AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis para informacion o para someter una queja al 1-877-751-2640

Usted tambien puede escribir a:

2200 Renaissance Blvd., Ste. 400 King of Prussia, PA 19406-2755

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al 1-800-252-3439

Puede escribir al Departamento de Seguros de Texas Consumer Protection (111-1A) P. O. Box 149091 Austin, TX 78714-9091 FAX # (512) 490-1007 Web: http://www.tdi.texas.gov

E-mail: ConsumerProtection@tdi.texas.gov

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiena una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente o primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI)

UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.