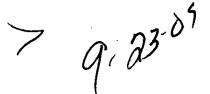
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SECRETARY OF STATE
TALLAHASSEE, FIGURE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Hawthorne Ar	ea Community Founda	ition, Inc.
DOCUMENT NUM	BER: N07000011835		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
		rid Hartwell	
	(Name of	Contact Person)	
	Hawthorne Area Co	ommunity Foundation, Inc.	
	(Firm	n/ Company)	
	PC) Box 111	
	(Address)	
	Hawtho	rne, FL 32640	
	(City/ Sta	te and Zip Code)	
	Hartwelldr E-mail address: (to be use	n e att.net	cation)
For further information	on concerning this matter, pleas	e call:	
David Hartwell	of Contact Borrow	at (352)_359-15	
•	of Contact Person)	•	ime Telephone Number)
Enclosed is a check to	-	payable to the Florida Departme	nt of State:
	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address dment Section	Street Address Amendment Section	•
Divisi	on of Corporations	Division of Corporat	
	Box 6327 aassee, FL 32314	Clifton Building 2661 Executive Cent	er Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

F	LED
SFP	a .
TALLAHAS	RY OF STATE SEE, FLORIDA
	PEE, FLORIDA

Hawthorne Area Community Foundation, Inc.

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

N07000011835

(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:

breviation "Corp." or "Inc." <u>"Compan</u>	or "Co." may not be used in the na	<u>me</u> .
Enter new principal office address, if rincipal office address MUST BE A STR		
	<u> </u>	
Enter new mailing address, if applica	hle:	
(Mailing address <u>MAY BE A POST OF</u>		
If amonding the registered egent and	or registered office address in Florid	a enter the name of the
		a, enter the name of the
		a, enter the name of the
If amending the registered agent and/new registered agent and/or the new registered agent and/or the new registered Agent: New Registered Office Address:		
<u>Name of New Registered Agent:</u>	egistered office address; (Florida street address)	, Florida
new registered agent and/or the new r	egistered office address:	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
DT	Stan Kitching	200 N Grand Avenue Hawthorne, FL 32640	☐ Add ☐ ☑ Remove
DT	David Hartwell	11227 SE 220th Terrace Hawthorne, FL 32640	☑ Add □ Remove
E. If amer (attach d	nding or adding additional Article additional sheets, if necessary). (E	s, enter change(s) here: Be specific)	
			

The date of each amendment	t(s) adoption: August 10, 2009
.' .' Effective date <u>if applicable</u> :	(data of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
DatedSignature	September 20 2009 Neather Surrency
(By	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, our court appointed fiduciary by that fiduciary)
	Heather Surrency
	(Typed or printed name of person signing)
	Director/President
	(Title of person signing)