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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Hawthorne Assembly of God, IN
DOCUMENT NUMBER: N 08000008376
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janice Colson (Name of Contact Person)
HAW thorne Assembly of God, INC (Firm Company)
POBOX 2260 (Address)
Hawthorne Fl 32640 (City/ State and Zip Code)
Hawthorne agewindstream, net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tanice Colson at G04-548-723/ (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\sum \$\\$43.75 Filing Fee \& \sum \$\\$43.75 Filing Fee \& \sum \$\\$52.50 Filing Fee \& \sum \$\\$Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is Enclosed)
Mailing Address Amendment Section Street Address Amendment Section
Afficient Section Afficient Section Physician of Compositions

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

RECEIVED



2022 APR 21 AM 8: 00

FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAHASSEE, FL

April 9, 2022

JANICE COLSON **POST OFFICE BOX 2260** HAWTHORNE, FL 32640

SUBJECT: HAWTHORNE ASSEMBLY OF GOD, INC.

Ref. Number: N08000008376

We have received your document for HAWTHORNE ASSEMBLY OF GOD, 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):

You failed to make the correction(s) requested in our previous letter.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(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.

Letter Number: 522A00008282

Claretha Golden Regulatory Specialist II

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2022 APR -4 AM 11: 24

SECRE ARY LEE STATE TALLAHASSEE, FL

February 18, 2022

JANICE COLSON POST OFFICE BOX 2260 HAWTHORNE, FL 32640

Ref. Number: N0800008376

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please specify which article number and/or article title you are amending, adding, or deleting.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(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.

Claretha Golden Regulatory Specialist II

Letter Number: 222A00004072

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www.sunbiz.org

Division of Compositions DO DOV 6207 Tolloharman Florida 2021

32 MAR 2 MAR Articles of Amendment Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) NOSOOOO 8376 (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: "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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Email: HauthorneAG@outlook.com 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: (Florida street address) New Registered Office Address:

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.

(City)

Signature of New Registered 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 I V Mike S SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change Add		Michaels, Stephen	19817 W Newberr PR
Remove 2) Change Add	<u>S</u>	Potts, Joshua	200 N 545t Macclemy, Fl 32063
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add Remove			
E. If amending or additional sheet	ets, if necessary).	ticles, enter change(s) here: (Be specific) Value Scational Counc	il Changed

NA		
		
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The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
(n	o 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 be tof State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

are no members or members entitled to vote on the amendment(s). The amendment(s) was/were ad by the board of directors.
Dated February 5, 2022
Signature Lew Janice & Colson
(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Rev Janice S. Colson
(Typed or printed name of person signing)
Pastor
(Title of person signing)