# NIUUWO7396

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	`	
	Office Use Onl	y

9,24,10



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## Articles of Amendment to Articles of Incorporation of



# Hawthorne Area Senior Center, Inc.

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

### N10000007296

(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:

e new name must be distinguishable and o	contain the word "corporation" or	"incorporated" or the
breviation "Corp." or " Inc." <mark>"Company" (</mark>		
Enter new principal office address, if ap	nlica hla:	
rincipal office address MUST BE A STREE		
Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFF)	ICE BOX)	
<b>10</b>		
		a, enter the name of the
If amending the registered agent and/or new registered agent and/or the new reg		a, enter the name of the
		a, enter the name of the
new registered agent and/or the new reg		a, enter the name of the
<u>Name of New Registered Agent:</u>		
-	istered office address:	
<u>Name of New Registered Agent:</u>	(Florida street address)	, Florida
<u>Name of New Registered Agent:</u>	istered office address:	
new registered agent and/or the new reg  Name of New Registered Agent:  New Registered Office Address:	(Florida street address)	, Florida
<u>Name of New Registered Agent:</u>	(Florida street address)  (City)  ing Registered Agent:	, Florida (Zip Code)

# 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) Address **Type of Action Title** <u>Name</u> ☐ Add ☐ Remove \_\_\_\_ 🗖 Add \_\_\_\_\_ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s)	adoption: September 15, 2010
(,	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated Septem	nber 15, 2010
Signature Y	Joff My Meekin
(By the	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, o ourt appointed fiduciary by that fiduciary)
_	E. Jeff McMeekin
	(Typed or printed name of person signing)
_	Treasurer
	(Title of person signing)

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