Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN HAWTHORNE MEMORIAL FUND, INC.

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February 23, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HAWTHORNE MEMORIAL FUND, INC. 158 AZALEA TRAIL

LEESBURG, FL 34748

SUBJECT: HAWTHORNE MEMORIAL FUND, INC.

REF: N92000000763

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Our records show Marjorie Sickels as a director and not vice president.

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.

Teresa Brown Regulatory Specialist II FAX Aud. #: H12000047413 Letter Number: 012A00007743

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WELCHLAND OF SAM ILLANDA

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Articles of Amendment

Articles of Incorporation Hawthorne Memorial Fund, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N92000000763 (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: 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) C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

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(Florida street address)

Florida

(Zip Code)

1/12/000474133

4/120000474133

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 = Trustec; 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address .
1) Change Add Remove	D	Marjorie Sickels	128 Tamarisk Way Leesburg, FL
2) Change Add Remove	D	George Wolf	167 Jacaranda SI. Leesburg, FL
3) Change Add Remove	D	Paul Huriburt	141 Sago Palm Dr. Leesburg, FL 34788
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

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If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)								
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; Tb	te date of each amendment(s) adoption:
Efi	fective date if applicable: 2/21/12 (no more than 90 days after amendment file date)
Ad	loption 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.
	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 Feb. 21, 2017 Signature Solt W. Dieden
	(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)
	ROBERT W. PIEDEN
	(Typed or printed name of person signing) PRECIPENT (Title of person signing)