

PO 70000 43220

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(Address)

(City/State/Zip/Phone #)

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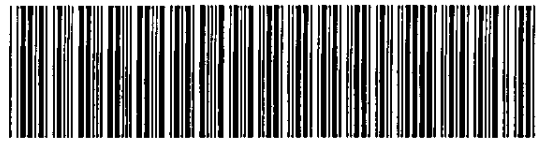
(Business Entity Name)

(Document Number)

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*Art. 2 Corrections*

FILED  
07 APR 12 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAGNOLIA LENDING CORPORATION

(Name of Corporation)

**DOCUMENT NUMBER:** P07000043220

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ANN K. SMITH**

(Name of Contact Person)

**SMITH GREENE & COMBS**

(Firm/Company)

**550 WATER ST, STE 1150**

(Address)

**JACKSONVILLE, FL 32202**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ANN K. SMITH**

(Name of Contact Person)

at ( 904 ) 359-5505

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy

\$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

MAGNOLIA LENDING CORPORATION

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

P07000043220

Document Number (if known)

FILED

07 APR 12 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ARTICLES OF INCORPORATION  
(Document Type Being Corrected)

filed with the Department of State on APRIL 6, 2007  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

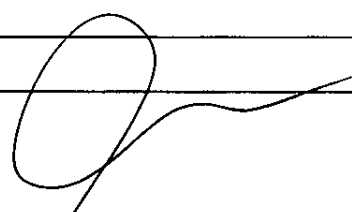
1. NAME OF REGISTERED AGENT: HARDISON, TILBEN, R, JR

2. NAME OF PRESIDENT: HARDISON, TILBEN, R, JR

Correct the inaccuracy, incorrect statement, or defect:

1. NAME OF REGISTERED AGENT: HARDISON, TILDEN, R, JR

2. NAME OF PRESIDENT: HARDISON, TILDEN, R, JR



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

ANN K. SMITH  
(Typed or printed name of person signing)

INCORPORATOR  
(Title of person signing)

Filing Fee: \$35.00