

(Requestor's Name)
(Address)
(Address)
(Martin)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Outility of Outility
Certified Copies Certificates of Status;
;
Special Instructions to Filing Officer:
· ·
·
·

Office Use Only



500158920405

08/12/09--01017--021 **52.50

09 AUG 12 PM 1:55 SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SeniorNet Lea	arning Center of Boynto	n Beach, Inc.
DOCUMENT NUM	BER: N04000010680		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
	Edwar	d A Ostrowski	
	(Name of	f Contact Person)	
<u></u>	(Firm	n/ Company)	MANUAL
		SE 7th Street	
	(Address)	
reportation of the second		each, FL 33483 ate and Zip Code)	
		Dbellsouth.net of for future annual report notific	ration)
For further information	on concerning this matter, pleas	se call:	
Edward A Ostrow	ski ·	at (561) 276-609	92
(Name	of Contact Person)		me Telephone Number)
Enclosed is a check for	or the following amount made	payable to the Florida Departmen	nt of State:
\$35 Filing Fee	☐ \$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

SeniorNet Learning Center of Boynton Beach, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

N04000010680

(Document Number of Corporation (if known)

OS LANDSEE. FLORING.

Computer	r Learning Cen	ter, Inc.	
new name must be distinguishable and previation "Corp." or "Inc." "Company"	contain the word	"corporation" or "in	corporated" or the
Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u>		c/o Ostrowski, PH	1
		611 SE 7th Street	
		Delray Beach, FL	33483
Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF			
If an ording the positioned court and/our	usmickowski office	address in Elevido en	ton the name of the
If amending the registered agent and/or new registered agent and/or the new reg			nter the name of th
			nter the name of th
new registered agent and/or the new reg	istered office add		iter the name of th
new registered agent and/or the new reg	istered office add	dress:	nter the name of th

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
Dir	GROSS, JOEL	5798 GRAND HARBOUR CIRO BOYNTON BEACH FL 33437 U	□ Add □ Remove
			Add Remove
			
	ding or adding additional Article additional sheets, if necessary). (
			
			····
			- i

The date of each amendment(s) adoption: August 7, 2009
`	(date of adoption is required)
Effective date <u>if applicable</u> : _	
,	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or m adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated Augu Signature	st 7, 2009
(By the state of t	the chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary
	Edward A. Ostrowski
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Page 3 of 3