

N930000000104

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐

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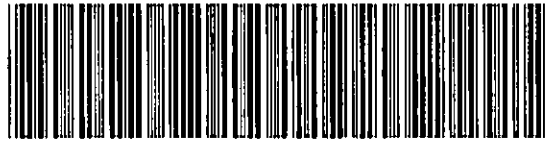
(Business Entity Name)

(Document Number)

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A. Butler

COVER LETTER

TO: Amendment Section
Division of Corporations

LEARNING INSTITUTE FOR ELDERS AT UNIVERSITY OF CENTRAL FLORIDA, INC

NAME OF CORPORATION: _____

N93000000104

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL AGOR

(Name of Contact Person)

(Firm/ Company)

C/O Leslie Collin 12716 Pegasus Drive PO Box 161997

(Address)

ORLANDO, FL 32816-1997

(City/ State and Zip Code)

NA

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL AGOR

407

212-9779

at

(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

☒ \$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 Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

LEARNING INSTITUTE FOR ELDERLY AT UNIVERSITY OF CENTRAL FLORIDA, INC

FILED

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

N93000000104

2021 SEP 21 PM 12:56

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FL

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:

NA

The new 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.

NA

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)

NA

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:

MICHAEL AGOR

Name of New Registered Agent:

C/O Leslie Collin 12716 Pegasus Drive PO Box 161997

(Florida street address)

New Registered Office Address:

ORLANDO

32816-1997

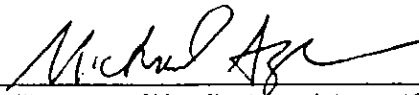
(City)

Florida

(Zip Code)

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.



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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change <u> </u> Add	<u>D</u> <u> </u>	<u>BARBARA CHIODO</u>	<u>608 Lake Ave</u> <u>Altamonte Springs</u>
<u>X</u> <u> </u> Remove			<u>FLORIDA 32701</u>
2) <u> </u> Change <u> </u> Add	<u>D</u> <u> </u>	<u>PAUL JAMES</u>	<u>291 E MARKS ST</u> <u>ORLANDO FL 32803</u>
<u>X</u> <u> </u> Remove			<u>2789 LAKE BALDWIN LANE</u>
3) <u>X</u> <u> </u> Change <u> </u> Add <u> </u> Remove	<u>D</u> <u> </u>	<u>ANN BARRETTA</u>	<u>UNIT D202</u> <u>ORLANDO FL 32814</u>
4) <u> </u> Change <u>X</u> <u> </u> Add <u> </u> Remove	<u>T</u> <u> </u>	<u>MICHAEL AGOR</u>	<u>8767 The Esplanade #30</u> <u>ORLANDO FL 32836</u>
5) <u> </u> Change <u>X</u> <u> </u> Add <u> </u> Remove	<u>D</u> <u> </u>	<u>ROBERT SHANNON</u>	<u>2492 DOUBLE TREE PLACE</u> <u>OVIEDO, FL 32766</u>
6) <u> </u> Change <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

E. If amending or adding additional Articles, enter change(s) here.

(attach additional sheets, if necessary). (Be specific)

NA

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

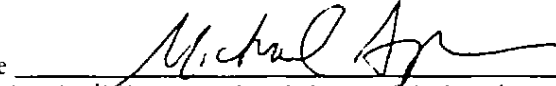
- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

30 AUGUST 2021

Dated _____

Signature _____


(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)

MICHAEL AGOR

(Typed or printed name of person signing)

TREASURER

(Title of person signing)