N99000002099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

N/C
&
Amend.

OCT 27 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2009

MYRON J. LEVIN
7633 PINE VALLEY ST.
BRADENTON, FL 34202

SUBJECT: SENIORNET SARASOTA LEARNING CENTER, INC.
Ref. Number: N99000002099

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 809A00033208

FILED
2009 OCT 26 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SENIORNET SARASOTA LEARNING CENTER, INC.

DOCUMENT NUMBER: N99000002099

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

Please return all correspondence concerning this matter to the following:

MYRON J. LEVIN
(Name of Contact Person)

(Firm/ Company)

7633 PINE VALLEY ST.
(Address)

BRADENTON, FL 34202
(City/ State and Zip Code)

MYPATLEVIN@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MYRON J. LEVIN at (941) 351-8855
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
09 OCT 26 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SENIORNET SARASOTA LEARNING CENTER, INC.

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

N99000002099

(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:

COMPUTERS 4 SENIORS, INC.

*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.***

B. Enter new principal office address, if applicable: not for profit
*(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 Office Address: *(Florida street address)*

(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)

Title	Name	Address	Type of Action
DIR.	NANCY STREETMAN	4346 BRYANTE POND LN SARASOTA, FL 34237	☐ Add ☑ Remove
DIR.	JOHN BOARDMAN	9589 FOREST HILLS CIRCLE SARASOTA, FL 34238	☐ Add ☑ Remove
DIR.S	BOB STEARNS	4458 ATWOOD CIRCLE SARASOTA, FL 34233	☐ Add ☑ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

THE FOLLOWING OFFICERS AND/OR DIRECTORS ARE TO BE ADDED:

TITLE	NAME	ADDRESS	ACTION
DIR./TRES.	DON MARSHALL	4103 CENTER GATE BLVD. SARASOTA, FL 34233	ADD
VP/SEC./DIR.	JOE FLOERSHEIMER	5814 FAIRWOODS CIRCLE SARASOTA, FL 34243	ADD
DIR.	HARVEY IKEMAN	1256 Wedgefield Ln New Albany, OH 43054	ADD
DIR.	ROSEMARY WISER	4295 Reflections Parkway Sarasota, FL 34233	ADD
DIR.	BARBARA SCHUR	3628 Windrush Bourne Sarasota, FL 34235	ADD
DIR.	JOHN MACKEY	7983 Glenbrooke Lane Sarasota, FL 34243	ADD

The date of each amendment(s) adoption: SEPTEMBER 18, 2009
(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 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 SEPTEMBER 18, 2009

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)

MYRON J. LEVIN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

not for profit