

M1300003072  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : VCORP SERVICES, LLC  
Account Number : 120080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

2017 NOV 17 AM 10:07  
J. HARRIS

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC REGISTERED AGENT CHANGE  
ACCUQUEST HEARING CENTER, LLC

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Help J. HARRIS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Accuquest Hearing Center, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
2800 W. HIGGINS ROAD, #895  
HOFFMAN ESTATES, IL 60169

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
2800 W. HIGGINS ROAD, #895  
HOFFMAN ESTATES, IL 60169

3. 5/10/2013 Date of filing/registration in Florida

4. M13000003072 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
CORPORATION SERVICE COMPANY  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1201 Hays Street  
Tallahassee, FL 32301-2525

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Vcorp Services, LLC  
NEW Registered Office Address:  
5011 South State Road 7, Suite 106  
Davie, FL 33314

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of a member or authorized representative of a member

John M. Temple Jr. Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature] Signature of Registered Agent

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