P99000019941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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RA Change

10/15/10--01010--004 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AOR
11/3/10

*00789,00615,00671

JOHN W. PERSSE
ATTORNEY AT LAW CHARTERED
1800 SECOND STREET, SUITE 819
SARASOTA, FLORIDA 34236

REAL PROPERTY
PROBATE AND
BUSINESS LAW

TEL: (941) 366-7589
FAX: (941) 366-0720
JOHN@PERSSELAW.COM

October 6, 2010

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

Re: **HEARING AID SYSTEMS, INC.**
Document No. P99000019941

Dear Sirs/Madams:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced corporation. I have also enclosed the corporation's business check no. 014292 in the amount of $35.00 for the processing fee.

Please process this at your earliest opportunity.

Very truly yours,

John W. Persse

JWP/jvp
Enclosures

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 NOV -3 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 15, 2010

John W. Persse, Esq.
1800 Second Street
Suite 819
Sarasota, FL 34236

SUBJECT: HEARING AID SYSTEMS, INC.
Ref. Number: P99000019941

We have received your document for HEARING AID SYSTEMS, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation. ATTACHED JP

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 210A00024482

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: [redacted] HEARING AID SYSTEMS, INC.

2. The principal office address: 6024 14TH STREET WEST
BRADENTON FL 34207

3. The mailing address (if different):

4. Date of incorporation/qualification: 03/03/1999 Document number: P99000019941

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

REINICKE, STEPHANIE A
2033 WOOD STREET, # 200
SARASOTA FL 34237 US

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOHN W. PERSSE, ESQ.
1800 2ND STREET, SUITE 819
P.O. Box NOT acceptable
SARASOTA, FL 34236

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

M.B. Moore
Signature of an officer or director

M.B. MOORE - VICE PRES/SECRETARY
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

X [signature]
Signature of Registered Agent

10/10/10
Date

If signing on behalf of an entity:

Typed or Printed Name

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)