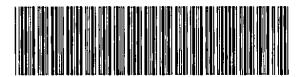
767096

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORAT | Sally J Pimentel Dea | t & Hard of Hearn | ng Center, Inc. | | | |
|------------------------------|--|--|-----------------------------|--|--|-------------|
| DOCUMENT NUMBER | 767096 : | | | | | |
| The enclosed Articles of A | mendment and fee are subm | nitted for filing. | | | | |
| Please return all correspond | dence concerning this matte | r to the following: | | | | |
| Alicia MIller | | | | | | |
| | | (Name of Contact | Person) | <u> </u> | | |
| Sally J Pimentel Deaf & H | ard of Hearing Center, Inc. | | | | | |
| | | (Firm/ Compa | ıny) | | | |
| 1860 Boy Scout Drive, B2 | 08 | | | | | |
| | | (Address) | | | | |
| Fort Myers, FL 33907 | | | | | | |
| | | (City/ State and Zi | p Code) | | | د. |
| executivedirector@dhhc.li | fe | | | | 00 00 00 00 00 00 00 00 00 00 00 00 00 | ; ; ; |
| | E-mail address: (to be used | for future annual i | eport notification | on) | 25 | ; { } |
| For further information con | cerning this matter, please | call: | | | ∵æ | ٠. |
| Alicia Miller | | | 239 at | 461-0334 | | |
| | (Name of Contact Person) | 1 | (Area Code) | (Daytime Telepho | one Number) | |
| Enclosed is a check for the | following amount made pay | yable to the Florid | a Department of | State: | | ٠ |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing For Certified Copy (Additional copy enclosed) | Certi y is Certi (Add | 50 Filing Fee ficate of Status fied Copy itional Copy is osed) | | |
| Mailing . | <u>Address</u> | 5 | Street Address | | | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation | ı as currently filed with | the Florida Dept. of State) | | |
|--|-----------------------------------|---|-------------------|---------------------------|
| 767096 | | | | |
| (Docu | ment Number of Corpora | ation (if known) | | |
| Pursuant to the provisions of section 617.1006, Floormendment(s) to its Articles of Incorporation: | rida Statutes, this <i>Florid</i> | da Not For Profit Corporation adopts t | he folio | wing |
| . If amending name, enter the new name of th | e corporation: | | | |
| | | | The | new |
| ame must be distinguishable and contain the word Company" or "Co." may not be used in the nam | | orporated" or the abbreviation "Corp. | | |
| B. Enter new principal office address, if application | | | · · · · · | |
| Principal office address <u>MUST BE A STREET A</u> | <u>IDDRESS</u>) | | | 2 |
| | | | <u></u> | |
| | | | - ;= ; | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | ે.ને (પ્ર | . 25 |
| | | | <u>:n</u> _ | |
| | | | 7.8 1.5 | ' : د ـــــ |
| | | | | 3)): |
| | | | | - - |
| If amending the registered agent and/or reginew registered agent and/or the new register | | Florida, enter the name of the | | 7 |
| | Alicia Miller | | | |
| Name of New Registered Agent: | Name of New Registered Agent: | | | |
| | 1860 Boy Scout Drive, | | | |
| New Registered Office Address: | | (Florida street uddress) | | |
| | Fort Myers, | 33907 | 7 | |
| | (City) | , Florida (Zip Code) | | |
| | • | (2.7 3046) | | |
| ew Registered Agent's Signature, if changing l hereby accept the appointment as registered agen | | nd accept the obligations of the position | 1. | |
| | auo | mu | | |
| - | Signature of N | ew 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: X Change X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|----------------------------------|------------------------------|---------------------------------------|-----------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
|) Change | | | |
| Add | | | |
| Remove | | | |
| Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Article (attach additional sheets, if necessary). | (Be specific) |
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| Γhe | date of each amendment(|) adoption: | , if other than the |
|------|--|---|------------------------|
| late | this document was signed. | | |
| e ee | ective date <u>if applicable</u> : | 0/22/18 | |
| | retive date it applicable. | (no more than 90 days after amendment file date) | |
| | | block does not meet the applicable statutory filing requirements, this date will Department of State's records. | I not be listed as the |
| Add | option of Amendment(s) | (<u>CHECK ONE</u>) | |
| | The amendment(s) was/we was/were sufficient for app | re adopted by the members and the number of votes cast for the amendment(s) roval. | |
| | There are no members or n adopted by the board of di | nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors. | |
| | 10/22/1 Dated | 8 | |
| | Signature | (5) | |
| | , · | hairman or vice chairman of the board, president or other officer-if directors | |
| | | t been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary) | |
| | | LoChille Stilly New | |
| | | (Typed or printed name of person signing) | |
| | Boar | d Treasurer | |

(Title of person signing)