

FD20000001977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

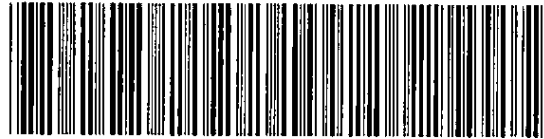
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



300302336103

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

2017 AUG -9 PM 4:41

2017 AUG -9 PM 4:22

AUG 10 2017
J. L. HARR

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

2017 AUG -9 PM 4:41

ACCOUNT NO. : I20000000195
REFERENCE : 755582 7848964
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : August 4, 2017

ORDER TIME : 3:39 PM

ORDER NO. : 755582-060

CUSTOMER NO: 7848964

FOREIGN FILINGS

NAME: AMERICAN HEARING AID
ASSOCIATES, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Hearing Aid Associates, Inc.

Name of Corporation

DOCUMENT NUMBER: F02000001977

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person at ()
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$35.00 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

2011 AUG -9 PM 4:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

08/09/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Your Hearing Network, Inc.

I, Pedro A. Cortés, Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Aug 8, 2017 - Pages (2)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro A. Cortés


Secretary of the Commonwealth

Certification Number: TSC170809141333-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

Entity# : 2602716
Date Filed : 08/08/2017
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: <u>CSC order #755582-10</u> <u>184</u> Name CSC (xx) Return document by email to: <u>cscpa@cscglobal.com</u>	Articles of Amendment Domestic Corporation  TCO170808JD1286
---	--

Read all instructions prior to completing. This form may be submitted online at <http://www.pas.state.pa.us>.

Fee: \$70

Check one: ☒ Business Corporation (§ 1915) ☐ Nonprofit Corporation (§ 5915)

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is: <u>American Hearing Aid Associates, Inc.</u>					
2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is: (Complete only (a) or (b), not both)					
(a) Number and Street	City	State	Zip	County	
(b) Name of Commercial Registered Office Provider <u>c/o: Corporation Service Company</u>				County <u>Dauphin County</u>	
3. The statute by or under which it was incorporated: <u>15-1306 PA Business Corporation Law of 1988</u>					
4. The date of its incorporation: <u>10/11/1994</u> (MM/DD/YYYY)					
5. Check, and if appropriate complete, one of the following: <input checked="" type="checkbox"/> The amendment shall be effective upon filing these Articles of Amendment in the Department of State. <input type="checkbox"/> The amendment shall be effective on: _____ at _____ Date (MM/DD/YYYY) Hour (if any)					

2017 AUG -8 PM 1:12

PA DEPT OF STATE

6. Check one of the following:

- ☐ The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).
- ☒ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. Check, and if appropriate complete, one of the following:

- ☒ The amendment adopted by the corporation, set forth in full, is as follows
Your Hearing Network, Inc.

- ☐ The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. Check if the amendment restates the Articles:

- ☐ The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

3rd day of August, 2017.

American Hearing Aid Associates, Inc.

Name of Corporation

Signature

Title