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(Requestor's Name)									
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(Business Entity Name)									
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SECRETARY OF STATE LLAHASSEE, FLORIO





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: May 29, 2014

Order#: 144438-032

Re: GN HEARING CARE CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.02 inge is submitted for a corporation orgo r to change its registered office or regis	unized under the la	nvs of the Sta	ate of CA
1. The name of t	he corporation: GN HEARING CARE (CORPORATION		
•	office address:OT BLVD, GLENVIEW IL 60026			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 07/14/2005	Document	number: F0	5000004053
	street address of the current registered tment of State: (If resigned, enter resign		ed office on	file with the
	NRAI SERVICES, INC.			<u>.</u>
	1200 SOUTH PINE ISLAND ROAD			
	Plantation	FL	33324	2014 TALL
6. The name and (if changed):	street address of the new registered ag	ent (if changed) ar	nd /or registe	ARE UNITED TO AREA SERVICES AND AREA SERVICES AN
	Corporation Service Company			
	1201 Hays Street	· · · · · · · · · · · · · · · · · · ·)
	Tallahassee	OT acceptable FL	32301	> L
The street addre	ess of its registered office and the stree be identical.	t address of the bu	isiness offic	e of its registered agent,
Such change wa authorized by th	s authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of o	directors or of the chang	by an officer so e.
Signatur	c of an excer or director	Dona Priebe, V	lice Preside	
I hereby accept I further agree to performance of agent. Or, if this hereby confirm	the appointment as registered agent a o comply with the provisions of all standy duties, and I am familiar with and s document is being filed merely to rethat the corporation has been notified nervice Company	nd agree to act in stutes relative to th accept the obligat flect a change in t	this capacit he proper an tion of my po he registere	y. id complete osition as registered
Ву: 💢	nature of Registered Agent	05/27/2014	Date	
_	half of an entity:			
Grace E. Kirby,	Assistant Vice President			
Ty	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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

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

statement of ch	e provisions of sections 607 nange is submitted for a cor ler to change its registered (poration orga	nized under the l	aws of the S	State of CA	
1. The name of	f the corporation: GN HEAR	RING CARE C	ORPORATION			
	al office address:RIOT BLVD, GLENVIEW IL			···········		
3. The mailing	address (if different):					4
4. Date of inco	rporation/qualification: 07/	14/2005	Documen	t number: _	F0500000405	3
	nd street address of the curre artment of State: (If resigned			red office o	n file with the	;
	NRAI SERVICES, INC.					
	1200 SOUTH PINE ISLA	ND ROAD			···-	
	Plantation		FL	33324		
6. The name an (if changed):	nd street address of the new	registered age	nt (if changed) a	nd /or regis	Sile Sile Sile Sile Sile Sile Sile Sile	<u> </u>
	Corporation Service Con	npany			TARN ASSE	() TEXTERISMEN
	1201 Hays Street					
	Tallahassee	P.O. Box NOT	acceptable FL	32301	STATE OR DE	
The street addr as changed wil	ress of its registered office I be identical.	and the street	address of the b	usiness offi	ice of its regis	stered agent,
Such change wauthorized by t	ras authorized by resolution he board, or the corporatio	n duly adopted in has been no	by its board of tified in writing	directors or of the chan	r by an officer	r so
	Day 2		Dona Priebe, \			
I hereby accept I further agree performance of agent. Or, if the hereby confirm	t the appointment as regist to comply with the provisi f my duties, and I am familated to document is being filed that the corporation has to Service Company	ons of all stati iar with and a merely to refl	d agree to act in utes relative to ti ccept the obliga ect a change in t	he proper o tion of my p he register	ito	gistered ress, I
	gnature of Registered Agent			Date		
If signing on be	ehalf of an entity:					
	, Assistant Vice President	 -				
7	Typed or Printed Name					

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