F10000004591

(Re	questor's Name)	
(Ad	dress)	_
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT"	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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900214336609

DEC 09 2011

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE : 017782

AUTHORIZATION :

COST LIMIT :

ORDER DATE: December 7, 2011

ORDER TIME : 10:08 AM

ORDER NO. : 017782-006

CUSTOMER NO: 7859994

CHANGE OF AGENT

NAME: HEARING CARE SOLUTIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organis er to change its registered office or register	zed under the laws of the	State of Colorado	
1. The name of	the corporation: HEARING CARE SO	LUTIONS, INC.	20111	
2. The principal	office address: 7400 E Caley Ave, Suit	te 290, Centenniai CO	, 80111	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 10/19/2010	Document number:	F10000004591	
	d street address of the current registered agement of State:	ent and registered office	on file with the	
	United States Corporation Agents, I	nc.		
	13302 Winding Oaks Blvd, Suite A			
	Tampa, FL 33688		Z S	
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or regi	istered office	
	Corporation Service Company		~	유'
	1201 Hays Street			1.7. 1.3.
	(P.O. Box NOT acceptable)		70 6	, ["
	Tallahassee, FL 32301		+ ·	-
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business o	office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors ified in writing of the ch	s or by an officer so nange.	
May	Me Callell	Maureen Cathell, Vi		
(Signati	ire of an officer or director)	(Printed or type	ed name and title)	
I further agree of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the seen notified in writing of this change. on Service Company	l agree to act in this cap tes relative to the prope gation of my position as registered office addre:	pacity. The complete performance registered agent. Or, if this sees, I hereby confirm that the	
By:	gnature of Wegistered Agent)	December 7, 2011	sta)	
	v	(Da	ne j	
	half of an entity:			
	et, Assistant Vice President Typed or Printed Name)			
(,	* * * FILING FEI	E: \$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)