

692665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

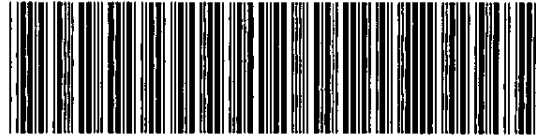
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PA Change
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Bennardo & Bennardo
ATTORNEYS AT LAW



FRANK J. BENNARDO*
CRISTOFER A. BENNARDO**

*MEMBER FL AND NY BAR
**MEMBER FL AND PA BAR

November 7, 2007

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: *Miami Hearing Aid Center, Inc.*
Document Number: G92665

To Whom It May Concern:

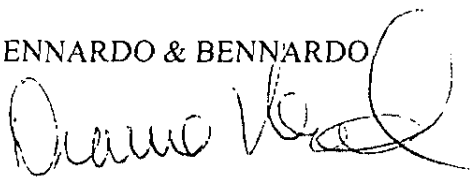
Enclosed please find the following:

1. Check No. 8999 in the amount of \$105.00 payable to Florida Department of State as payment of filing fees.
2. Statement of Change of Registered Office or Registered Agent or Both for Corporations.
3. Resignation of Constance Cabeza, as Director, President and Resident Agent of Miami Hearing Aid Center, Inc.
4. Resignation of Natalie Fernandez-Roque, as Secretary of Miami Hearing Aid Center, Inc.

Please return all correspondence concerning this matter in the self-addressed stamped envelope provided. If you have any questions or require additional information please do not hesitate to call our office.

Very truly yours,

BENNARDO & BENNARDO


Dianna Wade
Legal Assistant

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miami Hearing Aid Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: G92665

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cristofer A. Bennardo, Esq.
(Name of Contact Person)

Bennardo & Bennardo
(Firm/Company)

1860 NW Boca Raton Blvd.
(Address)

Boca Raton, Florida 33432
(City/State and Zip Code)

For further information concerning this matter, please call:

Cristofer A. Bennardo at (561) 368-4988
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

**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: Miami Hearing Aid Center, Inc.
2. The principal office address: 3661 South Miami Avenue, Suite 410, Miami, Florida 33133
3. The mailing address (if different): _____
4. Date of incorporation/qualification: March 21, 1984 Document number: G92665
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Constance Cabeza

3661 South Miami Avenue, Suite 410

Miami, Florida 33133

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

Adam Locker

3661 South Miami Avenue, Suite 410

(P.O. Box NOT acceptable)

Miami, Florida 33133

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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.

[Signature]
(Signature of an officer or director)

Adam Locker pres
(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.

[Signature]
(Signature of Registered Agent)

Oct 29th 2007
(Date)

If signing on behalf of an entity:

Adam Locker

(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