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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer.	





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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Hearing Associates of (Name of Limited Liability C		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this matter to the following	; :	
Teresa Baker Name of Person		
Hearing Associates of Contral	Provide 1	
1460 lake Balchuin lane Suite, Address	7 PM 4: 28	
Orlando FL. 32814 City/State and Zip Code	28 28	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Teresa Baker at 407, 8	98-2220	
Name of Person Area Co	ode & Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING Registration Section Registration Division of Corporations Division of Clifton Building P.O. Box 63 2661 Executive Center Circle Tallahassee, Florida 32301	Section Corporations	
Enclosed is a check for the following amount:		
\$25 Filing Fee S55 Filing I	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

стопис	
I. Na	me of the limited liability company: Hearing Fissociates of Central Flu
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 1400 Lake Baldwin lane Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Orlando, FL. 32814 Orlando, FL. 32814
	03/31/2018 608 0000 37 664
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Melissa Riess
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	orlando .FL 32814 == =
(b)	Teresa Baker Enter name of NEW Registered Agent and/or NEW Registered Office address:
(*)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	Orlando, FLTL, SZEIH
the char agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after age or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the office of organization or the operating agreement of the limited liability company.
<u>'\{\)</u>	
Signan	are of a member or authorized representative of a member Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent