

LD9000032982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2016

CHAD FONDER / EAR-RESISTIBLE HEARING CENTER LLC  
1805 SIESTA DRIVE  
SARASOTA, FL 34239 US

SUBJECT: EAR-RESISTABLE HEARING CENTER, LLC  
Ref. Number: L09000032982

We have received your document for EAR-RESISTABLE HEARING CENTER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 316A00023464

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ear-Resistible Hearing Center LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chad Fonder

Name of Person

Ear-Resistible Hearing Center

Firm/Company

1805 Siesta Drive

Address

Sarasota, FL 34239

City/State and Zip Code

chadfonder@gmail.com

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

For further information concerning this matter, please call:

Chad Fonder

Name of Person

at (941) 222-0755

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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.

1. Name of the limited liability company: EAR-RESISTIBLE HEARING CENTER LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

1805 Siesta Drive  
Sarasota, FL 34239

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

1805 Siesta Drive  
Sarasota, FL 34239

3. 4/6/2009 Date of filing/registration in Florida 4. L09000032982 Document number

5. (a) Chad Fonder  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1076 East Venice Ave., Venice, FL 34285  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_, FL \_\_\_\_\_

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Office Address:**  
1805 Siesta Drive  
Sarasota, FL 34239

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of a member or authorized representative of a member Chad Fonder 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] Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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SECRETARY OF STATE