

L15000M1330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

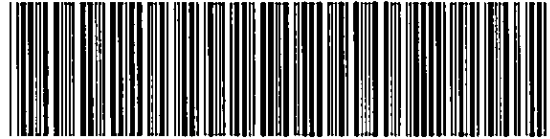
(Business Entity Name)

(Document Number)

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D. BRUCE  
NOV 07 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2018

STACY O'BRIEN  
1680 DUNLAWTON AVE  
PORT ORANGE CITY, FL 32127

SUBJECT: ATLANTIC AUDIOLOGY, LLC  
Ref. Number: L15000141330

We have received your document for ATLANTIC AUDIOLOGY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 418A00020852

2018 OCT 24 PM 3:25  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATLANTIC AUDIOLOGY, 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:

STACY O'BRIEN

Name of Person

ATLANTIC AUDIOLOGY, LLC

Firm/Company

1680 DUNLAWTON AVE

Address

PORT ORANGE, FL 32127

City/State and Zip Code

cornelia@atlanticaudiologyfl.com

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

For further information concerning this matter, please call:

CORNELIA VASILE

at ( 386 ) 756 - 8225

Name of Person

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

FILED  
2018 OCT 24 PM 3:55  
TALLAHASSEE, FLORIDA  
STATE REGISTRAR OF CORPORATIONS

**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: ATLANTIC AUDIOLOGY, LLC

2. (a) 1680 DUNLAWTON AVE (b) 1680 DUNLAWTON AVE  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
PORT ORANGE, FL, 32127 PORT ORANGE, FL, 32127

3. 08/18/2015 4. L 15000141330  
Date of filing/registration in Florida Document number

5. (a) O'BRIEN, STACY A  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1175 DUNLAWTON AVE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE 101  
PORT ORANGE, FL 32127

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

NEW Registered Office Address:  
1680 DUNLAWTON AVE  
PORT ORANGE, FL 32127

FILED  
2018 OCT 24 PM 3:06  
TALLAHASSEE, FLORIDA

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

Cornelia Vasile  
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