LH0000126621

()	Requestor's Name)	
(,	Address)	
(Address)		
(1	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(1	Business Entity Name)	
	<u> </u>	
(1	Document Number)	
Certified Copies	Certificates of S	status
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Special Instructions to F	iling Officer.	
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. :	12000000195				
REFERENCE :	240118 8396359				
AUTHORIZATION :					
COST LIMIT :	\$ 25.000				
ODDED DATE Described 12 2022					
ORDER DATE : December 13, 2022					
ORDER TIME : 8:22 AM					
ORDER NO. : 240118-055					
CUSTOMER NO: 8396359					
CHANGE OF AGENT					
NAME: HEARING HEALTH PA, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland -	- EXT#				
	EXAMINER:				

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.

. Na	ame of the limited liability company:	IEALTH PA, LLC	
. (a)	2161B South US Highway 1	(b) 15	525 E. Republic Road, Suite B-13
. (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Jupiter, FL 33477	Sp	oringfield, MO 65804
	08/04/2014	M14	4000005540
	Date of filing/registration in Florida	4.	Document number
(a)	David Dutson		
(a)	Registered Agent and Registered Office shown on the records	s of the Florida Dep	t. of State:
	2161B South US Highway 1		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2022 DEC	
	Jupiter	33477	28
	,	FL	
(k)			9
(b)	Enter name of NEW Registered Agent and/or NEW Registe	red Office address	<u> </u>
			t. o
	Corporation Service Company	·	
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee	FL 32301	
the li ange	imited liability company is not organized under the or changes are made, the Florida street address of t	laws of the State the registered of	e of Florida, it is hereby confirmed that after th fice and the business office of the registered
gent v	vill be identical. Or, in the case of a Florida limited	l liability compa	ny, it is hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the member cles of organization or the operating agreement of t		
	II Cilmi		i, Authorized Person
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
herel ovisi e obli mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ly reflect a change in the registered office address, I in writing of this change	igree to act in the de performance ded for in Chap I hereby confiri	his capacity. I further agree to comply with the of my duties, and I am familiar with and accep ter 605. F.S. Or, if this document is being filed m that the limited liability company has been
tified	t in writing of this change	Corporation S	Service Company
onabu	re of Registered Agent	Ami M. Caspe	er, Asst. Vice President