## 118000276479

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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TALLAHASSEE, FLORING

## **COVER LETTER**

Registration Section

TO:

Div	ision of Corporations			. 3				
SUBJECT:	JEREMY HAMILTON HEARING SPECIALIST, LLC  Name of Limited Liability Company  Madam:  ad Registered Agent/Registered Office Change and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:							
Sobster.	Name of Limited Liability Company							
Dear Sir or	Madam:			18 SC 0 19				
The enclose	d Registered Agent/Registered Off	fice Change an	d fee(s) are submitted for filing.					
Please return	n all correspondence concerning th	is matter to the	e following:	A LEGICAL TO A LEG				
JEREMY	HAMILTON							
	Name of Person							
JEREMY	HAMILTON HEARING SPEC	CIALIST, LLC						
	Firm/Company							
13223 RA	MBLEWOOD TRAIL							
•	Address							
LAKEWO	OD RANCH, FL. 34211							
	City/State and Zip Code							
JEREMY(	@ASKNWH.COM							
E-mai	address: (to be used for future and	nual report not	ification)					
For further i	information concerning this matter	, please call:						
JEREMY	HAMILTON	406 at (	5941286					
	Name of Person	~ (	Area Code & Daytime Telepho	ne Number				
Registration Section Reg Division of Corporations Div Clifton Building P.O			AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314					
Enc	losed is a check for the following	g amount:						
<b>2</b> 0 \$	25 Filing Fee	<b>-</b> :	\$55 Filing Fee & Certified Copy					
INHS18 (2/1-	4)							

## 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	me of the limited liability company:	ILTON	HEARIN	IG SPECIALIST, LLC	
(a)	13223 RAMBLEWOOD TRAIL  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b) 13223 RAMBLEWOOD TRAIL  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
()					
	LAKEWOOD RANCH, FL. 34211	- -	LAKEW	OOD RANCH, FL. 34211	
	NOVEMBER 29, 2018	ĺ	_180002 <sup>-</sup>	76479	
	Date of filing/registration in Florida	4.		Document number	
(a)	JEREMY D HAMILTON				
(4)	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of Stat	- e:	
	13223 RAMBLEWOOD TRAIL				
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)		-	
	LAKEWOOD RANCH  JEREMIAH DANIEL HAMILTON  Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:				
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	Enter name of MEN Registered Agein and/or MEN Registered X		1635.	SEE.FL	
	NEW Registered Office Address:			ON THE	
				-	
	, FL_			-	
e cha ent w is/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co `the limi imited li	tered office mpany, it i ted liabilit ability con	e and the business office of the registers is hereby confirmed that the change(s) y company or as otherwise provided in	
Signalia Signalia	are of a member or authorized representative of a member			Printed or typed name of signee	
hereh ovisid obli mere tified	by accept the appointment as registered agent and agreen ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have turned of this change.	re to act performa for in C ereby co	in this cap ince of my hapter 603 nfirm that	•	
	e of Registered Agent				

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