

L24000231192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

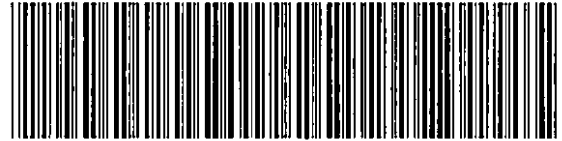
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JAN 29 2025

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2024 DEC 13 PM 5:20
JAN 29 2025

COVER LETTER

TO: Registration Section
Division of Corporations

12/11/2024
December 11, 2024

SUBJECT: Soundside 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:

Sherrie Koenigseder

Name of Person

Firm/Company

7565 Frankfort St

Address

Navarre, FL 32566

City/State and Zip Code

skoenigseder@gmail.com

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

For further information concerning this matter, please call:

Sherrie Koenigseder

at (850)

313-1323

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

-OK #1043

**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.

Soundside Hearing Center LLC

1. Name of the limited liability company: _____
2. (a) 1772 Sea Lark Ln Navarre, FL 32566 (b) 1772 Sea Lark Ln Navarre, FL 32566
- Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

May 22, 2024

L24000237772

3. Date of filing/registration in Florida 4. Document number
- Cindy's Florida LLC

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8051 N. Tamiami Trail, STE E6

Sarasota

34243

, FL

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

Sherrie Koenigseder

NEW Registered Office Address:

7565 Frankfort St

Navarre

32566

, FL

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.

Sherrie Koenigseder, MGR/MBR
Signature of a member or authorized representative of a member

Sherrie Koenigseder, MGR/MBR

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.

Sherrie Koenigseder, MGR/MBR
Signature of Registered Agent

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: _____

1772 Sea Lark Ln Navarre, FL 32566

2. (a) _____ (b) _____

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

May 22, 2024

L24000237772

3.	Date of filing/registration in Florida	4.	Document number
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Cindy's Florida LLC

5. (a) _____

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Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8051 N. Tamiami Trail, STE E6

Sarasota

34243

FL

(b) _____

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

Sherrie Koenigseder

NEW Registered Office Address:

7565 Frankfort St

Navarre

32566

FL

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Sherrie Koenigseder, MGR/MBR

Signature of a member or authorized representative of a member

Printed or typed name of signee

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Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

NHS18 (2/14)