

NO6000004572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

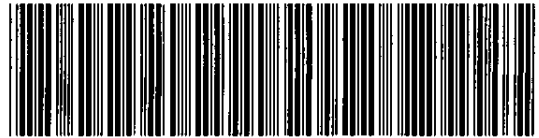
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. THOMAS
APR 22 2009
EXAMINER

PREMIER
CORPORATE SERVICES, INC.

200 West Adams Street, Suite 2007
Chicago, IL 60606
(312) 346-3606 (800) 934-2556
Fax: (312) 346-3607

April 9, 2009

VIA REGULAR MAIL

Division Of Corporations
Florida Department Of State
P.O. Box 6327
Tallahassee, FL 32314

**RE: Beltone Hearing Centers of Florida, LLC
Hearing Services, LLC**

2009 APR 21 AM 10:51
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TALLAHASSEE, FLORIDA

Dear Sir or Madam:

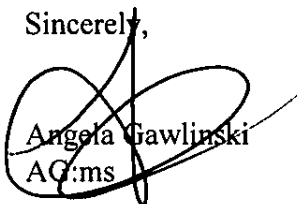
Enclosed please find one original and one photocopy of the forms to change the registered agent/office for the above captioned in your state. Also enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,


Angela Gawlinski
AG:ms

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beltone Hearing Centers of Florida, 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:

Angela Gawlinski
(Name of Person)

Premier Corporate Services
(Firm/Company)

200 West Adams, Suite 2007
(Address)

Chicago, IL 60606
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

A Gawlinski at (312) 346-3606
(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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: BELTONE HEARING CENTERS OF FLORIDA LLC
Beltone Hearing Centers of Florida, LLC
2. The mailing address of the limited liability company is : _____
7208 Cortez Road West, Bradenton, FL 34210

3. Date of filing/registration in Florida : 8/17/2006 4. Document number : M06000004572

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System
Name
1200 South Pine Island Road
Address
Plantation, Fl 33324
City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.
Name
2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box NOT acceptable)
Weston FL 33331
City, State and Zip

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)

John M. Kashner
(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 608, 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.
NRAI Services, Inc.

[Signature]
(Signature of Registered Agent)

Angela Gawlinski-Assl. Secretary

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

FILING FEE: \$25.00

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