

M0600004572
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2016 AUG 10 PM 3:05
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
BELTONE HEARING CENTERS OF FLORIDA, LLC**

FILED
16 AUG 10 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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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:

Jamila Woods
Name of Person

C T Corporation System
Firm/Company

3 Winners Circle, Suite 301
Address

Albany, NY 12205
City/State and Zip Code

Iginensky@beltone.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamila Woods at (844) 477-4098
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

INHS18 (2/14)

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TALLAHASSEE, FLORIDA

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: BELTONE HEARING CENTERS OF FLORIDA, LLC.

2. (a) _____	(b) _____
Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>5205 CR 171</u>	<u>5205 CR 171</u>
<u>Wildwood, FL 34785</u>	<u>Wildwood, FL 34785</u>
<u>08/17/2006</u>	<u>M06000004572</u>

3. 08/17/2006 Date of filing/registration in Florida 4. M06000004572 Document number

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

DOUGLAS L RESSLER

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

5205 CR 171

Wildwood, FL 34785

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

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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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.

Denise Bell Denise Bell
 Signature of a member or authorized representative of a member 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.

By: C T Corporation System Kimberly Steinmetz
 Signature of Registered Agent Vice President and Assistant Secretary

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