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(Re	equestor's Name)							
(Ād	ldress)							
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	Certificates	s of Status						
Special Instructions to Filing Officer:								



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DIVISION OF CORE ALC: SHE

Office Use Only

chiul's



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: March 30, 2015

Order#: 566742-005

Re: HEARING SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

۱.	Na	me of the limited liability company: HEARING SER	VICES, I	LLC				
2.	(a)	2601 Patriot Boulevard	(t	o)				
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Glenview, IL 60026						
		04/10/2007		M070000	02073			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	NRAI Services, Inc.		_	_			
٠.	()	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Stat	- e:			
		1200 South Pine Island Road			_			
		Registered Office Address (MUST BE FLORIDA STREET A	1DDRESS	Zī.	;	<u>_</u>	里7.5	
					<u>-</u>	APR	13.E	
		Plantation ,FL	33324	4	-	حَصَ ا	ICH OF CORE OF A 1040	
							- <u>6</u> 23	
	(b)	Corporation Service Company			-	2	9:	
		Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		$\dot{\wp}$	14.7	
		1201 Hays Street				8		
		NEW Registered Office Address:						
			· -		-			
		Tallahassee, FL	32301]	_			
th ag w	e cha sent v as/wa	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi ability of the lin	stered office ompany, it in ited liability liability con	e and the business office of the s hereby confirmed that the cha y company or as otherwise proving pany.	regist inge(s	tered s)	
		11 M Culs	<u></u>	Jo	hn M. Kasher			
		ture of appender or authorized representative of a member			Printed or typed name of signee			
I pr th to no	herei ovisi e obl mere otified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I have a change in the registered office address, I have a change.	ee to ac perform d for in (hereby c	t in this cap ance of my Chapter 60: onfirm that	acity. I further agree to comply duties, and I am familiar with a 5, F.S. Or, if this document is be the limited liability company he	v with and ac eing j as bec	n the ccept filed en	
<u>-</u>	gnatu	to Registered Agent Cornoration Service Company	BY: S	vlvia Ouer	opet, Asst. Vice President			

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