

M12000000997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

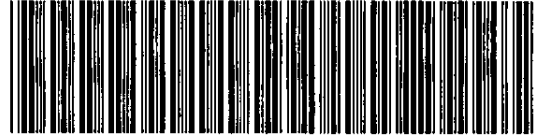
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JAN 13 AM 8:41

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C. Lewis
1-15-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2014

PJC COASTAL LLC / STEPHEN REINSHUTTLE
4147 SUN N LAKE BLVD
SEBRING, FL 33872 US

SUBJECT: PJC COASTAL HEARING, LLC
Ref. Number: M12000000997

We have received your document for PJC COASTAL HEARING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 414A00025425

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSC COASTAL HEARING 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:

Steve Reinschulte
Name of Person

PSC COASTAL HEARING LLC
Firm/Company

4147 SUN N LAKE
Address

Sebring FL 33782
City/State and Zip Code

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

For further information concerning this matter, please call:

Steve Reinschulte at (863) 402-0094
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 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: PJC COASTAL HEARING LLC
2. (a) 126 South SEMORAW (b) 126 South SEMORAW
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

ORLANDO FL 32807

ORLANDO FL 32807

3. 12/2-2011 Date of filing/registration in Florida 4. M120000000997 Document number

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

126 South SEMORAW
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ORLANDO FL
32807

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

4147 SUN N LAKE
NEW Registered Office Address:

Sebring, FL 33872

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

Steve Reinschulte
Printed or typed name of signer

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.

[Signature]
Signature of Registered Agent

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