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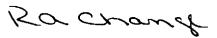
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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D CUSHING



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: December 10, 2018

Order#: 510831-004

Re: ACCUQUEST HEARING CENTER, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive 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

1.	Name of the limited liability company: ACCUQUEST HEARING CENTER, LLC				
2. ((a)		(b)	
·		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		2800 W. HIGGINS ROAD, #895	_	2800 W. HIGGINS ROAD, #895	
		HOFFMAN ESTATES, IL 60169	-	HOFFMAN ESTATES, IL 60169	
		11/17/2017		M13000003072	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	VCORP SERVICES, LLC			
-/ •	(**)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:	
	5011 SOUTH STATE ROAD 7 SUITE 106				
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	!	
		DAVID , FL	33314		
				varior de la companya de la company Companya de la companya de la compa	
((b) Corporation Service Company				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office add	Iress:	
		4004 Here Oberet		3	
		1201 Hays Street NEW Registered Office Address:			
		Constitution of the Address.		29 1.7 17 181	
				2.1	
		Tallahassee , FL	32301		
the ager was	chai nt w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility col f the limi	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in	
		Mikael Worning	Mika	el Worning, Manager	
Si	gnati	ure of a member or authorized representative of a member		Printed or typed name of signee	
prov the (to m	visia obli iere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I h In writing of this change.	e to act performa I for in C ereby co	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been	
Sine	<u>ب</u>	Inace Cotty Oly	DV. C.	non E. Kirby Agyt Vice Descident	
oign	acut	e of Registered Agent Corporation Service Company	BILOI	ace E. Kirby Asst. Vice President	

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