W114000005540

(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:

Office Use Only



300418402883

2023 NOV -6 PH 12: 40

2028 NOV -5 PH 3: 36

RECEIVED

(2)

R. HUNT 11/c6/23

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

			ACC	COUNT	NO.	;	120000	000019	95
			F	REFERE	ENCE	:	938913	3	8396359
			AUTHO	RIZAT	CION	:	Line	IS OC	endo
			CC	ST LI	MIT	:	\$ 25.0	00	
ORDER	DATE	:	August	15, 2	2023				
ORDER	TIME	:	2:39 F	PM					
ORDER	NO.	:	938913-	255					
CUSTO	MER NO):	8396	359					
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	MAME	1:	HEAR	ING H	IEALTH	US	A, LLC		
<u></u>		ED	TE PARTNER LIABILI		MPANY				
XXXX P	MENDM	ENT							
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CONTAC	CT PER	SON!	I: Eyli	ena B	aker		EXT#		

EXAMINER:

COVER LETTER

TO:	_		Section Corporations				
SUBJ	ECT:	Hearir —	ng Health USA, LLC				
			Name of Foreig	gn Limited Lial	oility Co	mpany	
Dear S	Sir or N	1adam	:				
The er	nclosed	applic	eation, certificate and fee(s) are submitted	for filing	<u>.</u>	
Please	return	all cor	respondence concerning th	nis matter to the	: followir	ng:	
Hayle	y Sokol	owski					
			Name of Person		_		
Sonov	a Unite	ed State	es Corporate Services, LLC				
	•		Firm/Company		_		
750 N	. Comn	nons D	rive, Suite 200		_		
			Address				
Aurora	a, IL 60	504					
			City/State and Zip Cod	le	_		
hayley	.sokolo	wski@	sonova.com				
E-m	nail add	lress: (to be used for future annua	l report notifica	ition)		
For fur	rther in	format	ion concerning this matter	, please call:			
				at ()		
		Nan	ne of Person		& Dayt	ime Telephone Number	
	<u>Mailir</u>	ı <u>g Addı</u>	ress:		Street A	ddress:	
Registration Section				Registration Section			
Division of Corporations			Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
	Lalla	hassee	. 1·1., 32314			ssee, FL 32303	
	Enclo	sed is	a check for the following	amount:			
□\$25	Filing	Fee	☐ \$30 Filing Fee &	☐ \$55 Filing		☐ \$60 Filing Fee,	
			Certificate of Status	Certified C	Гору	Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

State: Hearing Health USA, LLC						
Enter new principal office address, if applicable:	35 Waterview Blvd. 3rd Floor					
(Principal office address						
MUST BE A STREET ADDRESS)	Parsipanny, FL 07054	_				
Enter new mailing address, if applicable:	35 Waterview Blvd.					
(Mailing address MAY BE A POST OFFICE BOX)	3rd Floor					
	Parsipanny, FL 07054	2023 KOY				
2. The Florida document number of this limited lia	iability company is: M14000005540	- NOV				
Jurisdiction of its organization: Pennsylvania		_6 b				
4. Date authorized to do business in Florida: 08/04/2014						
SECTION II (5-9 complete only the applicable		 01:21 Hd				
5. New name of the limited liability company: A	Alpaca Audiology, LLC					
(mus	st contain "Limited Liability Company, " "L.L.C.," or "Ll.	.C.``)				
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and atta anaging members adopting the alternate name. The alternat .C." or "LLC.")	ich a e name				
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, enter the name of the ne- address here:	<u>w</u>				
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida Street Address					
	, Florida	_				
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	ent and agree to act in this capacity. I further agree to comp r and complete performance of my duties, and I am familian attered agent as provided for in Chapter 605, F.S. Or, if this is in the registered office address, I hereby confirm that the	r with				
	Changing Registered Agent, Signature of New Registered A	Agent				

		city in accordance with 605.0902 (1)(e), indicate that		
Fitle/ Capacity	<u>Name</u>	<u>Address</u> <u>Ty</u>		
VP	Brian Venuti	35 Waterview Blvd., 3rd Floor	□Add	
		Parsipanny, FL 07054	■Remove	
Treasure	Dawn Kennedy	750 N. Commons Drive, Suite 200	□Add	
		Aurora, IL 60504	\equiv Remove	
/P	Kevin Vesely	35 Waterview Blvd., 3rd Floor	□Add	
		Parsipanny, FL 07054	=Remove	
			□Add	
			□Remove	
			_ A0N %	
aforemention	certificate, if required: no more t and amendment(s), duly authentic ander the law of which this entity	ated by the official having custody of records in the	- 6 PRemove □Remove 円 12: 40	

Filing Fee: \$25.00

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

November 2, 2023

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY, That from an examination of the indices and Records of this Department, it appears that on February 21, 2014, a Limited Liability Company was filed pursuant to the laws of the Commonwealth of Pennsylvania, whereby Hearing Health USA, LLC is duly registered under the laws of the Commonwealth of Pennsylvania.

I DO FURTHER CERTIFY, an Certificate of Amendment was filed July 23, 2021, changing the name of the business to Alpaca Audiology, LLC and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY, That this shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.

OU DE STATIMENT OF STREET

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Secretary of the Commonwealth

Man Salm

THE STATE OF MOISTANT

Certification Number: 024711521