MEDDO SAR

(Requestor's Name)				
(Address)				
, ,				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Dusiness Field, News)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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DEC 20 2016 S. YOUNG WILLIAM 61 DEC 19 BM 4: 01

COVER LETTER

Division of Corporations	
SUBJECT: HEAR.COM LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Harbor Compliance	
Name of Person	
Harbor Compliance	
Firm/Company	
48-50 W Chestnut St Ste 301	
Address	
Lancaster, PA 17603	
City/State and Zip Code	
diana.navarro@hear.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, please	se call:
Harbor Compliance	717 723-9317
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 amo	ount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

I. Na	ame of the limited liability company: HEAR.COM	LLC		
(w,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	396 Alhambra Circle Suite S-700		396 Alha	ambra Circle Suite S-700
	Miami, FL 33134		Miami, F	FL 33134
	06/30/2015	ſ	M150000	05122
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (u)	Registered Agent and Registered Office shown on the records o	of the Florida	Dept. of Stat	- : :
	C T CORPORATION SYSTEM			وسب المراجعة المراجعة ال المراجعة المراجعة ا
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	1200 SOUTH PINE ISLAND ROAD			EC S
	PLANTATION	33324		TO DEC 19
	, F	'L		- P
(b)				一 5 6
,-,	Enter name of NEW Registered Agent and/or NEW Registere	ed Office add	ress:	PH 4: 02
	REGISTERED AGENTS INC.			
	NEW Registered Office Address:	• • • • • • • • • • • • • • • • • • • •		-
	3030 N. Rocky Point Drive, STE 150A			-
	Tampa . F	_L 33607		
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited bere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regist liability cor of the limi e limited li	ered office npany, it i ted liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Signat	ture of a member or authorized representative of a member	vale	anun Gru	Printed or typed name of signee
l herel provisi the obl to mere	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address. I d in writing of this change.	gree to act e performa led for in C I hereby co	in this cap nce of my hapter 605 nfirm that	acity. I further agree to comply with the

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

Bill Havre/Assistant Secretary

lature of Registered Agent