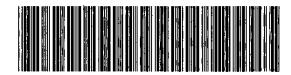
POIODOS7548

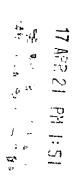
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | idress) | |
| (Ac | idress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2017

JACLYN A. BEHAR 490 SAWGRASS CORP PKWY STE 300 SUNRISE, FL 33908

SUBJECT: BAYSIDE HEARING AID CENTER, INC.

Ref. Number: P01000057548

We have received your document for BAYSIDE HEARING AID CENTER, INC. 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 document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Rebekah White Regulatory Specialist II

Letter Number: 017A00004249

RECEIVED

17 APR 21 PM 1: 04

UPER 31 PW 1: 04

UNISIGNATIONS

UNISIGNATIONS

COVER LETTER

Division of Corporations NAME OF CORPORATION: Bayside Hearing Aid Center, Inc. DOCUMENT NUMBER: POIOOO57549 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigsup \$43.75 Filing Fee & \$\Bigsup \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

| to Articles of Inco | rporation 17 APR 21 PR 1:51 |
|--|--|
| = 3.10.10 | 6T INCHE |
| (Name of Corporation as currently | filed with the Florida Dept. of State) |
| P01000057848 | |
| (Document Number of Control (D | Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation: | Iorida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| Eleanor/Winn, PA | The new |
| name must be distinguishable and contain the word "corporation, | |
| "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "C | |
| word "chartered," "professional association," or the abbreviation "P | 16120 Son Carlos Blod. Sto 104 |
| B. Enter new principal office address, if applicable: | 16120 DON COPTOS DIVO. 50 14 |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | Fort Myers, FL 33908 |
| | |
| | |
| C. Enter new mailing address, if applicable: | 16120 Son Carlos Blvd. Ste 104 Fort Myers, FL 33908 |
| (Mailing address MAY BE A POST OFFICE BOX) | 16120 Jan Carlos 0140, Ste 104 |
| | Fort Myars 7/ 33908 |
| | 1011 1119000 1000 |
| | |
| | |
| D. If amending the registered agent and/or registered office addre | ss in Florida, enter the name of the |
| new registered agent and/or the new registered office address: | |
| Name of New Registered Agent behar behar | DT |
| 100 6 | rass Corporate Pluy: #300 |
| 490 Jawar (Florida stree | 435 COLDOLOGO 17700 |
| (rioriaa stree | 22275 |
| New Registered Office Address: UN 156 | , Florida 3332) |
| - (0 | City) (Zip Code) |

Articles of Amendment .

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> | John D | oe | | | |
|---|-------------|-------------|-------------|------|------|---|
| | | | | | | |
| X Remove | <u>V</u> | Mike J | <u>ones</u> | | | • |
| X Add | <u>sv</u> | Sally S | mith | | | |
| Type of Action (Check One) 1) Change Add | Title P | <u>)</u> | Eleanor | Rita | Winn | Address 16120 San Carlos Blvd Suite 10A Fort Myers, FL 33906 |
| Remove 2) Change | | | | | • | tort 1714813, 76 33706 |
| Add | | | | | | |
| 3) Change Add Remove | | | | | | |
| 4) Change Add | | | | | | |
| Remove 5) Change | | | | | | |
| Add | | ۵. ۰ | | • | | |
| 6) Change | | - | | | | |
| Remove | | | | | | |

| E. If amending or adding additional Articles, enter change(s) here: | |
|--|-------------|
| (Attach additional sheets, if necessary). (Be specific) | state 93 |
| Article III shall be a manded 70 : | 5/076 92 |
| follows! | |
| Hearing ATO Specialist | |
| Trains A14 Decivity | |
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| To the second second second shows | |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | |
| N/B | |
| | * |
| | |
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| The date of each amendment(s) adoption: date this document was signed. | _, if other than the |
|--|----------------------|
| Effective date if applicable: 02 25/2017 | <u>.</u> |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. | not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated $62/25/2017$ | |
| Signature Lean Vinn | |
| (By a director, president or other officer – if directors or officers have not been | _ |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| Eleanor Rita Winn | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |