

P04000154709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

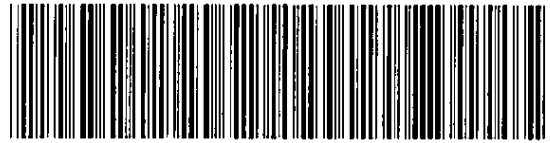
(Document Number)

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OCT 10 2023

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Zephyr Hearing Aid Center, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P04000154709

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robin Tinsley

Name of Contact Person

Zephyr Hearing Aid Center, Inc

Firm/Company

4117 Hwy J

Address

Fredericktown, MO 63645

City/State and Zip Code

robint.hm@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Tinsley

at ( 573 ) 366-6432  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Zephyr Hearing Aid Center, Inc
2. The principal office address: 38113 5th Ave., Zephyr Hills, FL 33542
3. The mailing address (if different): 4117 Hwy J, Fredericktown, MO 63645
4. Date of incorporation/qualification: 11/12/2004 Document number: P04000154709
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jason Petty

9142 Shenandoah Run

Wesley Chapel, FL 33544

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jason Petty

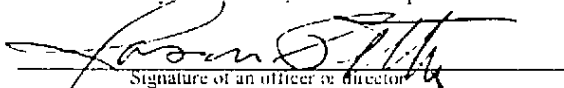
2314 S Gabin Terrace

P.O. Box NOT acceptable

Homosassa, FL 34448

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Jason Petty

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

08/17/2023

Signature of Registered Agent

Date

If signing on behalf of an entity:

Jason Petty

Typed or Printed Name

**\* \* \* FILING FEE: \$35.00 \* \* \***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE