P1000 000 1598

(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

800167171938

AC 2/24/10
E. DENNARD

Malave, Erin

From: Better Hearing Care Salon [betterhearing33410@gmail.com]
Sent: Tuesday, February 23, 2010 10:36 AM
To: CorpAddressChange
Subject: change of address

Please change the address for A Better Hearing Care Salon to
3385 Burns Road, Suite 204, Palm Beach Gardens, FL 33410

document number P:10000001598

Thank you

Carol McCarthy, MHSA
Assistant to Ms Gold