

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Terrezz	a's Wholesale Hea	ring Aids, Inc.	
DOCUMENT NUMBER: P1000001	4823		
The enclosed Articles of Amendment and fee			
Please return all correspondence concerning th	nis matter to the following:		
Gene J Terre	zza		
	Name of Contact Person	1	
Terrezza Bes	t Price Hearing Aids	s, Inc.	
	Firm/ Company		
5585 Stewart	Street		
	Address		
Milton, FI 325	570	<u>,</u>	
<del></del>	City/ State and Zip Cod	e	
terrezza@bellsou	ıth.net		
	be used for future annual report	notification)	
For further information concerning this matter	. please call:		
Rhonda Mausser	at (850	983-8447	
Name of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount i	made payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	<del>-</del>	□\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

FILED

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	ng Aids, Inc.	SECRETARY OF STATES
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)	MALLAHASSEE, FLORIDA.
P10000014823		
(Document Num	ber of Corporation (if known)	······································
ursuant to the provisions of section 607,1006, I Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corpora</i>	ation adopts the following amendmen
. If amending name, enter the new name of	the corporation:	
errezza Best Price Hearing	Aids, Inc.	The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation " ord "chartered," "professional association," o	'Corp." "Inc," or "Co". A professional of	ncorporated" or the abbreviation
Enter new principal office address, if appl Principal office address <u>MUST BE A STREET</u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	<u> </u>	
	<u> </u>	······
		<u> </u>
If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Florida, enter there	ne name of the
Name of New Registered Agent		
	(Florida street address)	<del></del>
V P. 1 1000 411		lorida
	(Florida street address)	lorida
New Registered Office Address:	, F	(Zip Code)

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 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 Doe	·
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			5585 Stewart Street
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Remove			
4) Change		_	
Add			
Remove			
5)Change			·
Add			
Remove			
6) Change		ı	
		<del> </del>	
Add			
Remove			

	rticles, enter change(s) here: . (Be specific)	
•		
	,	
		· · · · · · · · · · · · · · · · · · ·
	change reclassification or concellation of issued shares.	
n amendment provides for an excl	thange, reclassification, of cancellation of issued shares,	
ovisions for implementing the ame	endment if not contained in the amendment itself:	
n amendment provides for an exclovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
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ovisions for implementing the ame	endment if not contained in the amendment itself:	
ovisions for implementing the ame	endment if not contained in the amendment itself:	
ovisions for implementing the ame	endment if not contained in the amendment itself:	

date this document was signed.	loption:	, ii omer man me
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_09/10	0/2013	
Signature 9	rector, president of ther officer – if directors or officers have not been	_
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Gene J Terrezza	
	(Typed or printed name of person signing)	<b></b>
	President	
•	(Title of person signing)	<del></del>