## 7/2000284/3

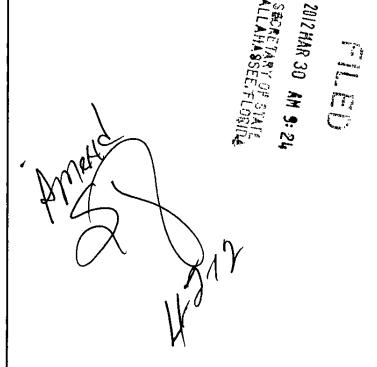
| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ldress)            |             |
| (Ac                     | idress)            |             |
| (Ci                     | ty/State/Zip/Phone |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



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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** Hearing Aids of Jax Inc. NAME OF CORPORATION: \_ P120000 28413 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nick Wilnot
Name of Contact Person Debbie's Accounting Senice
Firm/Company 3575 Southside Blud.
Address Jacksonville FL 32216
City/ State and Zip Code For further information concerning this matter, please call: at ( 904 ) 733 - 4547

Area Code & Daytime Telephone Number Nick Wilmot Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** 

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## **Articles of Amendment** to

|   | Articles of Amendment                       |                           | ACTOR SO MY  | <b>€</b> |
|---|---|---------------------------|--|----------|
| •   | Articles of Incorporation of                | 1                         | The state of the s |          |
| Hearina Au  | ds of Jax Inc                               | <u>.</u>                  | Sicology (St. St. St. St. St. St. St. St. St. St.  | સ્ટ્ર    |
| (Name of Corporation as curr  | rently filed with the Florida Dep           |                           |  |          |
| P12000  | 028413                                      |                           | ·  |          |
| (Document Nu  | mber of Corporation (if known)              |                           |  |          |
| Pursuant to the provisions of section 607.1006 its Articles of Incorporation:   | , Florida Statutes, this <i>Florida Pro</i> | ofit Corporation adopts   | the following amendment(s) to  |          |
| A. If amending name, enter the new name of  | f the corporation:                          |                           | The new  |          |
| name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," | "Corp," "Inc," or "Co". A pr                |                           | d" or the abbreviation   |          |
| B. Enter new principal office address, if ap<br>(Principal office address MUST BE A STREE   |   |                           |  |          |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)   |   |                           |  |          |
| D. If amending the registered agent and/or new registered agent and/or the new reg  |   | ida, enter the name of    | the  | :        |
| Name of New Registered Agent  |   |                           |  |          |
| Nume of New Registered Agent  |   |                           |  | į        |
|   | (Florida street address)                    |                           |  | 1,       |
| New Registered Office Address:  | (City)                                      | , Florida(                | Zip Code)  |          |
| New Registered Agent's Signature, if chang I hereby accept the appointment as registered  |   | cent the abligations of t | he position  | I        |
|   | re of New Registered Agent, if cha          |                           | ne position.   |          |
| Signuiu   | re of from itogenorus rigom, if the         | '''a'''a                  |  |          |

| If amending or adding additional Artication and attach additional sheets, if necessary).                       | (Be specific)  |
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| If an amendment provides for an exchaprovisions for implementing the amen<br>(if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |
|  |  |
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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) | Title     | Name          | <u>Addres</u> s       |
| 1) Change Add Remove       | D         | Wayne Armondi | Jacksonville FL 32210 |
| 2) Change Add Remove       |           |               |                       |
| 3 ) Change Add Remove      |           |               |                       |
| 4) Change<br>Add<br>Remove |           |               |                       |
| 5) Change<br>Add<br>Remove |           |               |                       |
| 6) Change Add Remove       |           |               |                       |

| The date of each amendment(s) ad                                   | loption:   |
|--|--|
| Effective date if applicable:                                      | 3/28/12  |
|  | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)   | (CHECK ONE)  |
| ☐ The amendment(s) was/were ado<br>by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment(s) fficient 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)   |
| action was not required.   | pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder |
| Dated  | 3/28/12  |
| Signature  | May my   |
| (By a di   | irector, president or other officer - if directors or officers have not been   |
|  | i, by an incorporator – if in the hands of a receiver, trustee, or other court   |
| appoint  | ed fiduciary by that fiduciary)  |
|  | (Typed or printed name of person signing)  |
|  | (Typed or printed name of person signing)  |
|  | President  |
| •  | (Title of person signing)  |