

P13000067245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW WAY HEARING AIDS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P13000067245

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

LINDA KNAPP

(Name of Person)

NEW WAY HEARING AIDS, INC.

(Name of Firm/Company)

1482 PARK AVENUE

(Address)

ORANGE PARK, FLORIDA 32073

(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA KNAPP

(Name of Person)

at (904) 644-8779

(Area Code & Daytime Telephone Number)

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

Mailing Address:

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

Street Address:

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MICHAEL E. CARVER, hereby resign as VP AND DIRECTOR
(Title)

of NEW WAY HEARING AIDS, INC.
(Name of Corporation)

P13000067245, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

(Signature of resigning officer-director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6127
Tallahassee, Florida 32314

APPROVED
AND
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15 JAN -8 PM 3:21
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TALLAHASSEE, FLORIDA

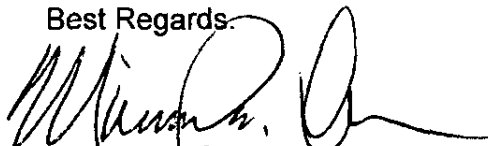
December 20, 2014

Michael and Linda Knapp,

Please accept this document as my formal resignation as director, officer and
employee of New Way Hearing Aids, Inc. effective at the close of business

December 23, 2014.

Best Regards,


Michael E. Carver