

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	



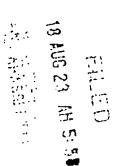


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: HEARING	HEALTH C	ENTERS INC.	
DOCUMENT NUMBI	er: <u>P170000</u> 2	7386		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this mat	tter to the following:		
	Λ	1.1.0.0400		
_	AD,4-	Mame of Contact Person		
_	HBA	NING HEACTH	1 CENTERS INC.	
_	12510	SCOUT CT		
	Address			
_		Crano 1511	NO F132735	
		City/ State and Zip Cod	e	
	E-mail address: (to be us	OAM C Flore	104 HEAR. Composition)	
For further information	concerning this matter, pleas	se call:		
An-	the wormard	at (305	de & Daytime Telephone Number	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address		Address	
Amendment Section Division of Corporations			Iment Section	
	Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle				
		Tallaha	assee, FL 32301	

Articles of Amendment to ion

Articles of	Incorporati
	of

HEARING HEALTH CENTERS	
	errently filed with the Florida Dept. of State)
P1700027386	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	On: TRUEAR INC.
	poration," "company," or "incorporated" or the abbreviation "or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	944 Belle OAK DRIVE LUSBURG BLORIDA 34748
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office	944 Baile OAK Drive 1 ces Burg florida enter the name of the
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent	
(Flo.	rida street address)
New Registered Office Address:	(City) , Florida , Florida (Zip Code) ;
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fair	Agent: miliar with and accept the obligations of the position.
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	PT	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>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8/20/18	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
ADAM WOODARD	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	