

P19 000066318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

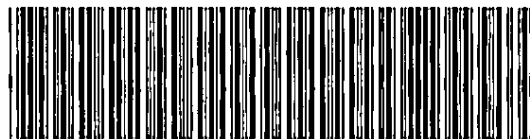
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COASTAL HEARING SERVICES, INC.

DOCUMENT NUMBER: P19000066318

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

_____ Name of Contact Person
WOMELDORPH CPAS, P.A.
_____ Firm/ Company
8632 STATE ROAD 70 E.
_____ Address
BRADENTON, FL 34202
_____ City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
COASTAL HEARING SERVICES, INC.**

The Articles of Incorporation for this Florida Profit Corporation were filed on August 19, 2019 and assigned Florida document number P19000066318.

This amendment is submitted to amend the following:

A. If amending Name, enter the new name of the Profit Corporation:

COASTAL HEARING CARE, INC.

Enter new Principle Address, if applicable:

Enter new Mailing Address, if applicable:

B. If amending the Registered Agent Name and/or Registered Office Address on our records:

New Registered Agent Name:

New Registered Agent Address:

New Registered Agent's Signature:

I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to proper and complete performances of my duties and I am familiar with accept the obligations of my position as Registered Agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the Limited Liability Company has been notified in writing of this change.

C. If amending Authorized Person(s):

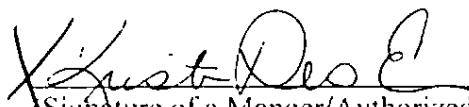
MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

D. If amending any other information, please indicate change(s):

E. Effective date if other than the date of filing (optional) _____ day of _____ of 20____


(Signature of a Manager/Authorized Member)

X 11/5/2020
(Date)

KRISTIN DESERMIA
(Printed Name of Manager/Authorized Member)