## 797000062080

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: First Coast Hearing	g Clinic, Inc	
DOCUMENT NUMB	ER: P97000062080		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	iter to the following:	
	Richard L. Brooks II, Esq.		
•		Name of Contact Persor	1
	St. Augustine Law Group, PA		
-		Firm/ Company	
	320 High Tide Dr. STE 101	rimi Company	
-		Address	
	St. Augustine, FL 32080	. radi vis	
		0: 10: 10: 0.1	
		City/ State and Zip Code	
rich@	staugustinelawgroup.com		i
<del></del>	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Richard Brooks		904 at (	) 325-9863 de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

First Coast Hearing Clinic, Inc.			
(Name o	f Corporation as currently filed with th	ne Florida Dept. of State)	_
P97000062080			
	(Document Number of Corporation (	(if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amend	ment(s) to
A. If amending name, enter the new na	me of the corporation:		
-		The n	
	ation "Corp," "Inc," or "Co". A profesion," or the abbreviation "P.A."  If applicable: IREET ADDRESS)	o," or "incorporated" or the abbreviati	<u>र्व</u> ा
D. If amending the registered agent an new registered agent and/or the new		a, enter the name of the	
Name of New Registered Agent	St. Augustine Law Group, PA	J	
traine of their negionered rigen.	320 High Tide Dr. STE 101		
	(Florida street address)		
1000 411	St. Augustine	Florida 32080	
New Registered Office Address:	(City)	, Florida(Zip Code)	-
New Registered Agent's Signature, if classification in the second	nanging Registered Agent: ered agent. I am familiar with and accept Signature of New Registered Age	·	

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> <u>John</u>	Doe			
X Remove	<u>V</u> <u>Mik</u>	Mike Jones			
<u>· X</u> Add	<u>SV</u> <u>Sally</u>	y Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	MR	Underwood, Jay	736 Tides End Drive		
Add X Remove			St. Augustine, FL 32080		
2) Change	MRS	Underwood, Margi	736 Tides End Drive		
Add			St. Augustine, FL 32080		
Remove 3)Change	PVSTD	Ashley Mitchell	1835 US Hwy 1 So.		
. <u>X</u> Add			Suite 121		
Remove			St. Augustine, FL 32084		
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6)Change					
Add					
Remove			·		

ttach <i>additiona</i>	adding additional A al sheels, if necessary	). (Be specific)				
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an amendmei	nt provides for an ex	change, reclassi	fication, or cance	llation of issued s	<u>hares,</u>	
if not appl	implementing the ar licable, indicate N/A)	<u>nenament (1 not</u> )	contained in the s	anenament itsen:	•	
						·
				· .=-		-

The date of each amendmen date this document was signed	· · · · · · · · · · · · · · · · · · ·	, if other than th
•	- 05/01/2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	nt(s)
	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ement
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	5/1/2017	
. (1	By a director, president or other officer – if directors or officers have not be	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	ourt
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	