

P97000062080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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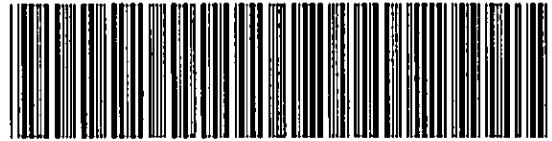
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** First Coast Hearing Clinic, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P97000062080

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard L. Brooks II, Esq.

Name of Contact Person  
St. Augustine Law Group, P.A.

Firm/Company  
2740 US Highway 1 S.

Address  
St. Augustine, FL 32086

City/State and Zip Code  
rich@staugustinelawgroup.com

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

For further information concerning this matter, please call:

Julia Newton at ( 904 ) 990-7777  
Name of Contact Person Area Code & Daytime Telephone Number

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

**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

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: First Coast Hearing Clinic, Inc.  
 2. The principal office address: 1835 US Highway 1 S., Suite 121, St. Augustine FL 32084

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/13/19 Document number: P970000062080

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

St. Augustine Law Group, P.A.

1835 U.S. HWY 1 SO., Suite 121

St. Augustine, FL 32084

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

St. Augustine Law Group, P.A.

2740 US Highway 1 South

P.O. Box NOT acceptable

St. Augustine, FL 32086

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ashley Mitchell  
 Signature of an officer or director

Ashley Mitchell President  
 Printed or typed name and title

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 the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
 Signature of Registered Agent

06/02/2020  
 Date

If signing on behalf of an entity:

Richard Brooks  
 Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*