

P97000062080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

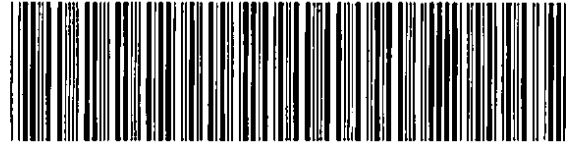
(Business Entity Name)

(Document Number)

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08/05/23

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 1 Highway S

Address

St. Augustine, FL 32086

City/State and Zip Code

amitchell@firstcoasthearing.com

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

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

For further information concerning this matter, please call:

Ashley Mitchell

at (410) 236-9227

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

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 U.S. HWY 1 SO.SUITE 121 ST. AUGUSTINE, FL 32084
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/16/1997 Document number: P97000062080
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, PA

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.

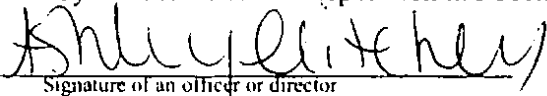
2740 US 1 Highway S

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.

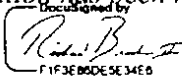


Signature of an officer or director

Ashley Mitchell

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 of Registered Agent

08/30/2023

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

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Certificate Of Completion

Envelope Id: C5BA082D982D4985BBE28FD0C5B027E5

Status: Completed

Subject: Here is your signed document: First Coast Hearing Clinic Inc_STATEMENT OF CHANGE OF REGISTERED OFFICE

Source Envelope:

Document Pages: 2

Signatures: 1

Envelope Originator:

Certificate Pages: 1

Initials: 0

Richard Brooks

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2740 US Highway 1 South

Envelope Stamping: Enabled

St. Augustine, FL 32086

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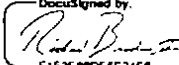
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Person Signer Events**Signature****Timestamp****Litigator Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp**

Miley Mitchell

mitchell@firstcoasthearing.com

Security Level: Email, Account Authentication (None)

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Business Events**Signature****Timestamp****Summary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

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