May 09, 2000 8:00 am  Secretary of State  02-05-2000 9Xi31 036 ***150.00  State Principal Place of Business  So Standoc Mr. # 9  ORNING PAIR R. 12079  SO STANDOC Mr. # 9  ORNING PAIR R. 12079  So Standoc Mr. # 9  ORNING PAIR R. 12079  So Standoc Mr. # 9  ORNING PAIR R. 12079  So Standoc Mr. # 9  ORNING PAIR R. 12079  So Standoc Mr. # 9  ORNING PAIR R. 12079  So Certificate of Solution Device of Solution Devic	DOCUN 1. Entity Name				ii (UPR	2/5	FILE May 09, 200		) am
Principal Place of Business  500 ELSRECC NF. #3  500 ELSRECC NF. #	HEARING	IMUST, INC.					Secretary	of Stat	e
The process of Business    Sules, Apt. W. etc.    Chy & Stain    C	Principal Place of Business Mailing Address								
Suite, Apr. R. etc.    Suite, Apr. R. etc.									
City & State  City & State  City & State  City & State  Country  S. Country  S	2. Principal Pl	ace of Business	3. Mailing Address						
Spece Against (F.O. Box Number is Not Acceptable)  Not Spece Against (F.O. Box Number is Not Acceptable)  Spece Against (F.O. Box Number is Not Acceptable)  Not Spece Against (F.O. Box Number is Number control Against (F.O. Box Number is Number control Against (F.O. Box Number is Number	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
S. Name and Address of Current Registered Agent  TILLEY: STEPHEN E 4206 BAYMEADOWS RD. JACKSONVILE F1 32217  S. The above named entity submits this statement for the purpose of changing its registered aftice or registered agent, or both, in the State of Plorida.  SIGNATURE  SIGNATURE  D. The corporation is eligible to satisfy by Intemptible Tack filling requirement and elects to do so. After MAY 1, 2000 Few Will be \$550.00  After MAY 1, 2000 F	City & State		City & State					<del></del>	
6. Name and Address of Current Registered Agent  TILLEY: STEPHEN E 4206 BAYMADOWS 80. JACKSONVILLE Ft. 32217  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing fis registered office or negistered agent, or both, in the State of Florida.  SIGNATURE  Syntia, honder previous named displayed spent and the purpose of changing fis registered diplice or negistered agent, or both, in the State of Florida.  SIGNATURE  Syntia, honder previous named displayed spent and the purpose of changing fis registered office or negistered agent, or both, in the State of Florida.  SIGNATURE  Syntia, honder previous named displayed spent and the purpose of changing fis registered office or negistered agent, or both, in the State of Florida.  SIGNATURE  Syntia, honder previous named displayed to salesy this intengible Tax filling requirement and allocits to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Peyable to Department of State  TILLEY: STEPHENE E  Syntia, honder previous and displayed to salesy the intengible of the purpose of changing fis registered office or negistered agent, or both, in the State of Florida.  SIGNATURES  FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Peyable to Department of State  III. OFFICERS AND DIRECTORS  11. LINDA Lock KETT  ORANGE PARK FL 32073  Deets  TILE  Deets	Zip	Country		Zip	Country		<u> </u>	\$8.75 Additi	<del></del>
TILLEY: STEPHEN E 4206 BAYMEADOWS RD. JACKSONVILLE Ft. 32217  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or negistered agent, or both, in the State of Florida.  SIGNATURE  SPENIA: honder private raised displayed by a lapsacate of the purpose of changing its registered office or negistered agent, or both, in the State of Florida.  SIGNATURE  SPENIA: honder private raised displayed by a lapsacate of the purpose of changing its registered office or negistered agent, or both, in the State of Florida.  SIGNATURE  SPENIA: honder private raised displayed by a lapsacate of the purpose of changing its registered office or negistered agent, or both, in the State of Florida.  SIGNATURE  SPENIA: honder private raised displayed by a lapsacate of the purpose of changing its registered office or negistered agent, or both, in the State of Florida.  SIGNATURE (SIGNATURE)  PILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Peyable to Department of State or honder of the state		6. Name and Address of Curr	ent Regis	stered Agent		7. N	lame and Address of New Register		
B. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida.  SIGNATURE    Signature, good or private name of registered agent and the work of the work of the submits of the work of the wor	4206	Y; STEPHEN E BAYMEADOWS RD.	=	a garage a second	Street Add	dress (P.O. B		F1 ` Zip Code	
11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITTLE  LINDA LOC KETT   Change   (A) Addition  NAME SIRET ADDRESS   CITY-ST-2P   CRANGE PARK FL 32073   CITY-ST-2P    TITLE   Delete   TITLE   NAME NAME   SIRET ADDRESS   CITY-ST-2P    TITLE   Delete   TITLE   DELe	9. This corpo	oration is eligible to satisty its Intan equirement and elects to do so.	gible	FILE NOW!!! After MAY 1, 2000	FEE IS \$150.00 Fee will be \$55	0 50.00	10. Election Campaign Financing	\$5.00	May Be
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling chas not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplymental/report is frue and accurate and their my signature shall have the same legal effect as it made under oath; that I arri an officer or director of the corporation or the receiving contributes of proportional theorems. The receiving contributes of proportion the second tributes of proportion to the receiving the proportion of the same legal effect as it made under oath; that I arri an officer or director of the corporation or the receiving tributes of proportion to the receiving the proportion of the same legal effect as it made under oath; that I arri an officer or director of the corporation or the receiving tributes of proportion to the receiving the receiving the proportion of the same legal effect as it made under oath; that I arri an officer or director of the corporation or the receiving tributes of proportion of the same legal effect as it made under oath; that I arri an officer or director of the corporation or the receiving tributes of proportion of the same legal effect as it made under oath; that I arri an officer or director of the corporation of the receiving tributes.  SIGNATURE:  SIGNATURE:	NAME STREET ADDRESS			☐ Delete	NAME STREET ADDRESS			☐ Change	Addition
13. I hereby certify that the information supplied with this filling coas not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied in the following and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver of trutings employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with any adulties, with all other like empowered.  SIGNATURE:  1. A 1. O 2. O 3. O 3. O 3. O 3. O 3. O 3. O 3	TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS	-	·	Change	Addition
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The second state of the se	SIGNA	TURE XINDA	76	Keller	FAN Long		7-37-00 Date	904-267-	-73C