

*FC3000000092*

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

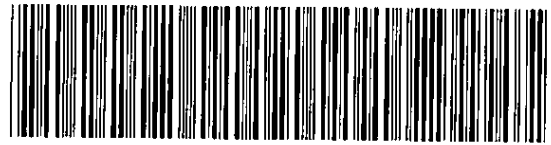
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*W HUNT*  
*08/13/24*

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Mayer Hoffman McCann P.C.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F03000000092

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William D. Mann, Jr.

\_\_\_\_\_  
Name of Contact Person

CBIZ CPAs P.C.

\_\_\_\_\_  
Firm/Company

700 West 47th Street, Suite 1100

\_\_\_\_\_  
Address

Kansas City, MO 64112

\_\_\_\_\_  
City/State and Zip Code

bmann@cbiz.com

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

For further information concerning this matter, please call:

William Mann

at ( 816 ) 945-5604

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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

11 11 23

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F0300000092

(Document number of corporation (if known))

1. Mayer Hoffman McCann P.C.

(Name of corporation as it appears on the records of the Department of State)

2. Missouri

(Incorporated under laws of)

3. January 8, 2003

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? July 29, 2024

5. CBIZ CPAs P.C.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

*William D. Mann, Jr.*

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

William D. Mann, Jr.  
(Typed or printed name of person signing)

General Counsel and Secretary  
(Title of person signing)

**FILING FEE \$35.00**

# STATE OF MISSOURI




**John R. Ashcroft**  
**Secretary of State**

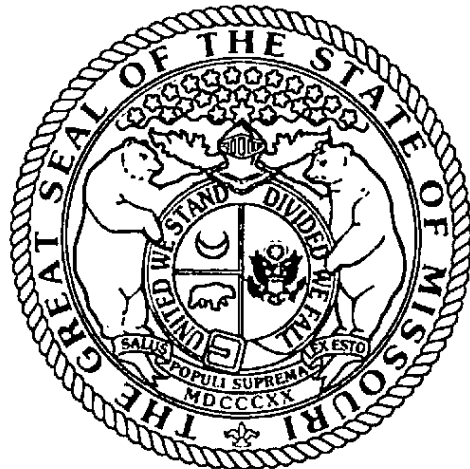
CORPORATION DIVISION  
CERTIFICATE OF CORPORATE RECORDS

*CBIZ CPAS P.C.*  
*P00503655*

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 2nd day of August, 2024.

  
Secretary of State



Certification Number: CERT-08022024-0109

# STATE OF MISSOURI



**John R. Ashcroft**  
Secretary of State

## CERTIFICATE OF AMENDMENT

WHEREAS,

*CBIZ CPAS P.C.*  
*P00503655*

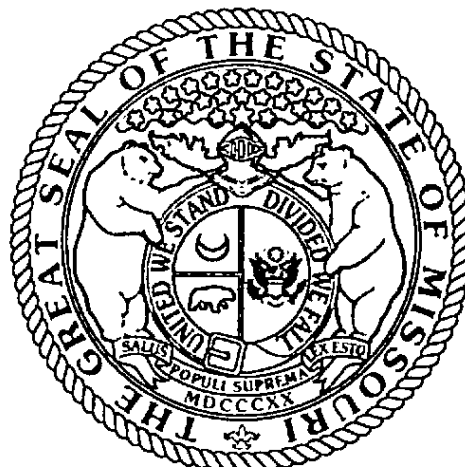
FORMERLY

*Mayer Hoffman McCann P.C.*

A corporation organized under the Professional Corporation Law of Missouri has delivered to me a Certificate of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the Amendment of Articles of Incorporation under Professional Corporation Law of Missouri, and that the Articles of Incorporation of said corporation are amended in accordance therewith.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri, Done at the City of Jefferson, this 29th day of July, 2024.

  
Secretary of State



2024 JUL 29 11:23









**State of Missouri**  
John R. Ashcroft, Secretary of State

Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

**Certificate of State Board Registration**

Professional License No 2024028843

This is to certify that each of the persons named below, as incorporators and/or shareholders of a proposed Professional

Corporation named CBIZ CPAs P.C.  
*Name of Corporation*

are duly licensed or registered to practice the profession of Certified Public Accounting  
*Name of Profession*

in the State of Missouri with Missouri State Board of Accountancy  
*Name of Board*

Name of Incorporator	Registration or License Number	Date Licensed or Registered	Address— City or Town
<u>William D. Mann, Jr.</u>	<u>2015014528</u>	<u>5/13/2015</u>	<u>Leawood, KS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The above name(s) of Incorporator(s) are hereby approved by this State Board.

<u>Monique Gilmore</u> <i>Authorized Signature of State Board</i>	<u>Monique Gilmore</u> <i>Printed Name</i>	<u>Customer Service</u> <i>Title</i>	<u>7/17/2024</u> <i>Date</i>
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Name and address to return filed document:

Name: William D. Mann, Jr.

Address: 8740 Ensley Lane

City, State, and Zip Code: Leawood, KS 66206