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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: PATERSON ACC	OUNTING SERVICES IN	C.			
DOCUMENT NUME	D01000070200					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	MARGARET A PATERSON	į.				
		Name of Contact Person	1			
	PATERSON PROFESSIONAL SERVICES INC.					
	Firm/ Company					
	2104 NW 22ND AVENUE, 9					
		Address				
	STUART, FL 34994					
	City/ State and Zip Code					
	PATERSONACCT@COMC	AST.NET	·			
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	oconcerning this matter, pleas	se call:				
MARGARET A PATI	ERSON	at (	349-8977			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

# Articles of Amendment Articles of Incorporation of

#### (Name of Corporation as currently filed with the Florida Dept. of State)

P01000079299  (Fursuant to the provisions of section 607,1006, Fits Articles of Incorporation:  A. If amending name, enter the new name of PATERSON PROFESSIONAL SERVICES INCOMMENT of the Most of the	oration as currently filed  Document Number of Corporation  The corporation:	with the Florida Dept. of State)		
(Name of Corp.) P01000079299  (Formula to the provisions of section 607,1006, Formula to the section for the secti	oration as currently filed  Occument Number of Corpo  Jorida Statutes, this Florida  the corporation:	eration (if known)		
P01000079299  (Fursuant to the provisions of section 607,1006, Fits Articles of Incorporation:  A. If amending name, enter the new name of PATERSON PROFESSIONAL SERVICES INCOMMENT of the Most of the	Document Number of Corpolorida Statutes, this <i>Florida</i>	eration (if known)		
Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation:  A. If amending name, enter the new name of PATERSON PROFESSIONAL SERVICES INCOMMENTAL BERVICES INCOMMENTAL BERVICES INCOMMENTAL PARTICLES INCOMMENTAL BERVICES INCOMPRISED INCOMMENT	lorida Statutes, this <i>Florida</i>	·		
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:  A. If amending name, enter the new name of PATERSON PROFESSIONAL SERVICES INCOMMENT of the Most inguishable and contain the world name must be distinguishable na	lorida Statutes, this <i>Florida</i>	·		
its Articles of Incorporation:  A. If amending name, enter the new name of PATERSON PROFESSIONAL SERVICES INComments to the distinguishable and contain the work.	the corporation:	Profit Corporation adopts the following amendme		
PATERSON PROFESSIONAL SERVICES INC				
name must be distinguishable and contain the wo				
		The new		
"Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A profe-	y," or "incorporated" or the abbreviation "Corp., ssional corporation name must contain the word		
B. Enter new principal office address, if appli	cable: 210-	4 NW 22ND AVENUE		
(Principal office address <u>MUST BE A STREET</u>	ADDRESS	9-109		
	STU	JART, FL 34994		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4 NW 22ND AVENUE		
	9-10	9		
	STU	JART, FL 34994		
D. If amending the registered agent and/or re new registered agent and/or the new regist		Florida, enter the name of the		
Name of New Registered Agent N/A				
	W 22ND AVENUE 9-109			
	(Florida street addr	ess)		
<u>New Registered Office Address:</u> STUA	RT	. Florida 34994		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X_Change	<u>PT</u>	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_		·
Add				
Remove				
5) Change		_		
Add				<u> </u>
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6) Change	<del></del>	_		
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Remove				

	ling or adding addition: Iditional sheets, if necess	ary). (Be specifi	ic)			
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		n exchange, reclas	ssification, or canc	ellation of issued	shares,	
f an am	endment provides for a		ot contained in the	amendment itsel	f:	
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<u>provisi</u>	endment provides for a ons for implementing th tot applicable, indicate A	<u>e amendment if n</u> 74)	· · · · · · · · · · · · · · · · · · ·			
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	DECEMBER 1, 2023	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
· ·	EMBER 1, 2023	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this blocoument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt action was not required.	oted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amer ficient for approval.	idment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	<u></u>	
-	(voting group)	
	ector, president or other officer – if directors or officers have no	
	by an incorporator – if in the hands of a receiver, trustee, or off diduciary by that fiduciary)	ner court
:	MARGARET A PATERSON	
-	(Typed or printed name of person signing)	
1	PRESIDENT	
_	(Title of person signing)	

### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PATERSON ACCO	DUNTING SERVICES IN	C.			
DOCUMENT NUMB	ER: P01000079299		<del></del>			
	f Amendment and fee are sub	omitted for filing.				
Please return all corresp	oondence concerning this mat	ter to the following:				
ì	MARGARET A PATERSON					
-		Name of Contact Persor				
I	PATERSON PROFESSIONAL SERVICES INC.					
-	Firm/ Company					
2	2104 NW 22ND AVENUE, 9-109					
_	Address					
5	STUART, FL 34994					
_	City/ State and Zip Code					
I	PATERSONACCT@COMCAST.NET					
-	E-mail address: (to be use	ed for future annual report	notification)			
For further information	concerning this matter, pleas	e call:				
MARGARET A PATE	RSON	at ( 772	349-8977			
Name of Contact Person		Area Coo	) 349-8977 de & Daytime Telephone Number			
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303