

P16000035004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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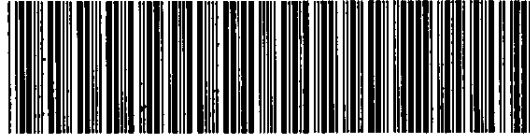
(Business Entity Name)

(Document Number)

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JUN 14 2016

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**COVER LETTER**

Re: Change of Registered  
Agents Address

TO: Amendment Section  
Division of Corporations

SUBJECT: Stout Defense, P.A.  
Name of Corporation

DOCUMENT NUMBER: 2 P160000035004

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:

Adam Stout  
Name of Contact Person  
Stout Defense, P.A.  
Firm/Company  
4735 NW 53<sup>rd</sup> Avenue, Suite A  
Address  
Gainesville, FL 32653  
City/State and Zip Code  
Adam@Stoutdefense.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Adam Stout at (352) 665-9266  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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: Stout Defense, P.A.  
2. The principal office address: 4735 NW 53rd Avenue, Suite A  
Gainesville, FL 32653  
3. The mailing address (if different): Same as above  
4. Date of incorporation/qualification: 5/1/16 Document number: 2 P16000035004

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)

Adam Stout  
101 SE 2nd Place Suite 201K  
Gainesville, FL 32601

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

Adam Stout  
4735 NW 53rd Avenue, Suite A  
Gainesville, FL 32653  
P.O. Box NOT acceptable

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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]  
Signature of an officer or director

Adam Stout / 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

Leville  
Date

If signing on behalf of an entity:

Adam Stout  
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