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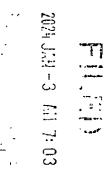
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: J. NATHAN STOUT, C.P.A., P.A. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Julie Anne Hollingsworth Name of Contact Person Nathan Stout CPA & Associates PA Firm/ Company 420 Lee Blvd Address Lehigh Acres, Fl. 33936 City/ State and Zip Code j.hollingsworth@stoutepa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julie Anne Hollingsworth at (239) 369-5877

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional 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

is enclosed)

Articles of Amendment to Articles of Incorporation •• f

I NATHAN STOUT, C.P.A., P.A.

FILTO

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Nathan Stout CPA & Associates PA The new name must be distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation "Corp" "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable:	J. NATHAN STOUT, C.P.A., F.A.	1 1 L £ #
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) is Articles of Incorporation: A. If amending name, enter the new name of the corporation: Nathan Stout CPA & Associates \(\rho \) A The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp." Inc.," or "Co.," or the designation "Corp.," Inc.," or "Co.," A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Lehigh Acres, Fl. 33936 C. Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX) Lehigh Acres, Fl. 33970 D. If amending the registered agent and/or registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) Florida (Zip Code)	(Name of Corporation as curren	itly filed with the Florida Dept. of State)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amending affectives of Incorporation: A. If amending name, enter the new name of the corporation: Nathan Stout CPA & Associates \rho A The new name on the distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	P97000015501	2024 JAH - 3 AH 7: 03
A. If amending name, enter the new name of the corporation: Nathan Stout CPA & Associates \(\rho \) A The new name must be distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered." "professional association." or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) C. Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent:	(Document Number	of Corporation (if known)
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(Mailing address MAY BE A POST OFFICE BOX) Lehigh Acres. Fl. 33970 Lehigh Acres. Fl. 33970 D. 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) New Registered Agent's Signature, if changing Registered Agent:	(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Lehigh Acres, Fl. 33936
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(Zip Code) New Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:	Florida
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.		(City) (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.		
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Non-Donictored Agent's Signature if changing Degistered Age	nt
	I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signature of New Registered Agent, if changing	Signature of New	Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	1) (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)

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.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change	•		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if neces	nal Articles, enter cha ssary). (Be specific)			
N/A				
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If an amendment provides for a	ın exchange, reclassif	ication, or cancellation	of issued shares.	
provisions for implementing th	<u>re amendment if not c</u>	contained in the amen	dment itself:	
(if not applicable, indicate N	√/A)			
I/A				
				
				<u> </u>

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	- · ·	
intective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareho	der action and shareholder
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes cast for the ames sufficient for approval.	ndment(s)
must be separately provided f	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment.	r statement (s):
	est for the amendment(s) was/were sufficient for approval PA	
by	PA (voting group)	
12/22/23 Dated	in a la bolyden	
(By a selec	director, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or of inted fiduciary by that fiduciary)	of been her court
	Julic Anne Hollingsworth	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	



January 30, 2024

JULIE ANNE HOLLINGSWORTH 420 LEE BLVD LEHIGH ACRES, FL 33936

SUBJECT: J. NATHAN STOUT, C.P.A., P.A.

Ref. Number: P97000015501

We have received your document for J. NATHAN STOUT, C.P.A., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 424A00001926

Anissa Butler Regulatory Specialist II

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