

F13000001024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

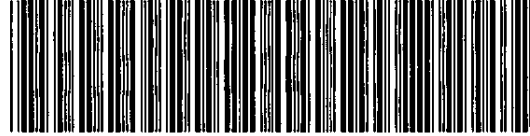
(Business Entity Name)

(Document Number)

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D. CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Maser Consulting P.A.  
Name of Corporation

**DOCUMENT NUMBER:** F13000001024

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:

Linda Vaccaro

Name of Contact Person

Maser Consulting P.A.

Firm/Company

331 Newman Springs Road, Ste. 203

Address

Red Bank, NJ 07701

City/State and Zip Code

lvaccaro@maserconsulting.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Linda Vaccaro

Name of Contact Person

at ( 732 ) 383-1950

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 New Jersey in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Maser Consulting P.A.
- 2. The principal office address: 331 Newman Springs Road, Suite 203, Red Bank, NJ 07701
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 10/15/1985 Document number: F13000001024

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)

Lawrence McNally  
405 North Reo Street, Ste. 105  
Tampa, FL 33609

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

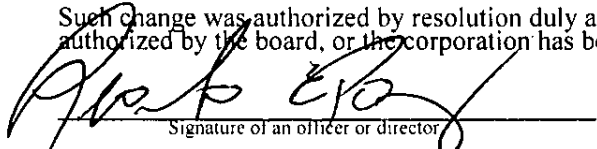
Chad Boggs  
405 North Reo Street, Ste. 105  
Tampa, FL 33609

P.O. Box NOT acceptable

SECRET  
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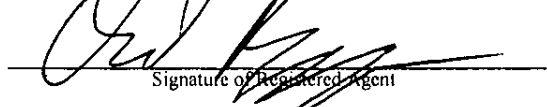
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Leonardo E. Ponzio, Director  
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 of Registered Agent

6/11/2015  
Date

If signing on behalf of an entity:  
Chad Boggs  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*