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Eivision of Corporations

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\*\*Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please

From:

Account Name : C T CORPGRATION SYSTEM

Account Number : FCA00000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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## REGISTERED AGENT CHANGE MASER CONSULTING P.A.

Certificate of Status	0
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**COVER LETTER** 

TO:	Amendment Section Division of Corporations							
ו מינס	MASER CONSULTING P.A.							
SUDJ	Name of Corp	oration						
DOC	EUMENT NUMBER:							
The e	enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.						
Please	e return all correspondence concerning this matter to	the following:						
	Name of Contac	et Person						
	CT Corporation							
	Firm/Comp	any						
	Address							
	City/State and Z	ip Code						
	E-mail address: (to be used for future annual report notification)							
For fi	urther information concerning this matter, please call	:						
	Name of Contact Person	Area Code & Daytime Telephone Number						
	Name of Contact Person	Area Code & Daytime Telephone Number						
Enclo	osed is a \$35.00 check made payable to the Departme	nt of State.						
	Mailing Address: Amendment Section	Street Address: Amendment Section						
	Division of Corporations	Division of Corporations						
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle						
	ramadoo, i is obota	Tallahassee, FL 32301						

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga ir to change its registered office or regis	mized under the laws o	of the State of New Jersey
1. The name of	the corporation; MASER CONSULTING	P.A.	
	office address: AN SPRINGS RD SUITE 203 RED BANK	C, NJ 07701	
3. The mailing a	nddress (if different):		
4. Date of incorp	poration/qualification: 03/04/2013	Document num	nber: F13000001024
	d street address of the current registered rtment of State: (If resigned, enter resign		ffice on file with the
	NORTHWEST REGISTERED AGENT I	LLC	
	3030 N ROCKY POINT DR STE 150A	TAMPA, FL 33607	
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /o	r registered office
	C T Corporation System		mind of
	c/o C T Corporation System, 1200 South P.O Box NO		
	Plantation, Florida 33324	пассерыне	
The street address changed will	ess of its registered office and the stree be identical.	t address of the busine	ess office of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopte ne board, or the corporation has been n	d by its board of direct otified in writing of the	tors or by an officer so the change.
Moto	u	Sierra Burris-Secreta	- <del>-</del>
I hereby accept I further agree performance of agent. Or, if th	we of an officer of ductor  the appointment as registered agent as to comply with the provisions of all sta fmy duties, and I am familiar with and is document is being filed merely to ref that the corporation has been notified	nd agree to act in this tates relative to the pr accept the obligation Tect a change in the re	of my position as registered evistered office address. I
By: Gui	nature of Registered Figure	11-15-17	Date
	chalf of an entity;		
April Wittenwyl	·		•
T	yped or Printed Name		
	* * * FH.ING FI	EE: \$35.00 * * *	