

10/7/2020

Division of Corporations

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

R White
10/9/20

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
MASER CONSULTING INC.**

Certificate of Status	0
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Corporate Filing Menu

Help

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F20000004205

(Document number of corporation (if known))

1 MASER CONSULTING INC.

(Name of corporation as it appears on the records of the Department of State)

2 New Jersey

3 09/28/2020

(Incorporated under laws of)

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. 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)

Florida

(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.

Signature of New Registered Agent, if changing

7/10/2020 11:12:19

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Officer	Michael Ehrhart	5471 West Waters Avenue	x Add
		Tampa, FL 33634	l Remove
Officer	Aimara Diaz La Rosa	8290 N.W. 64th Street	x Add
		Miami, FL 32751	L Remove
Officer	John Liptak	8290 N.W. 64th Street	x Add
		Miami, FL 32751	L Remove
Officer	Jeffrey Tuchband	8290 N.W. 64th Street	x Add
		Miami, FL 32751	L Remove
Officer	Clay Wygant	2703 Broadbent Parkway NE, Ste B	x Add
		Albuquerque, NM	l Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Brian E. Curtis, Esq / General Counsel

(Typed or printed name of person signing)

General Counsel

(Title of person signing)

FILING FEE \$35.00

9. Please also add the below:

Title:	Name:	Address:
Officer	Andrew Fetherston	555 Hudson Valley Avenue, Ste 101 New Windsor, NY 12553
Officer	Mark DeLor	18 Computer Drive East, Suite 203 Albany, NY 12205
Officer	Russell McFall	410 Eagleview Boulevard, Suite 104 Exton, PA 19341
Officer	Richard Roseberry	941 Marcon Boulevard, Suite 801 Allentown, PA 18109
Officer	James Serpico	331 Newman Springs Road, Ste 203 Red Bank, NJ 07701
Officer	Craig Zeidman	2000 Midlantic Drive Suite 100 Mt. Laurel, NJ 08054