

F24000001542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

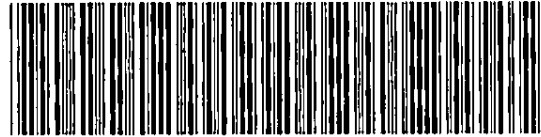
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2024 OCT 18 PM 5:47
TALLAHASSEE, FLORIDA

FILED
2024 OCT 21 AM 10:18
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 10/21/2024
Acc#120160000072

en: c Dll

Name:	MASTEK INC.
Document #:	
Order #:	15929488

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **35.00**

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MASTEK INC.
Name of Corporation

DOCUMENT NUMBER: F24000001542

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:

SUSAN WALLACE, PARALEGAL

Name of Contact Person

KEGLER, BROWN, HILL & RITTER

Firm/Company

65 E. STATE ST., SUITE 1800

Address

COLUMBUS, OH 43215

City/State and Zip Code

swallace@keglerbrown.com

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

For further information concerning this matter, please call:

Susan Wallace

Name of Contact Person

at (614) 255-5512

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: MASTEK INC.
2. The principal office address: 15601 Dallas Parkway, Suite 250, Addison, TX 75001

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/17/2015 Document number: F24000001542

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)

MARIO ALBUERNE

4100 SHADY FOXTAIL COURT

SARASOTA, FL 34240

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

C T CORPORATION SYSTEM

1200 S. PINE ISLAND ROAD

P.O. Box NOT acceptable

PLANTATION, FL 33324

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.

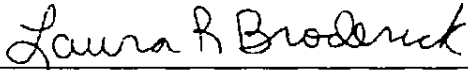


Signature of an officer or director

MAYUR GAJENDRAGADKAR, VICE 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 of Registered Agent

10/17/2024

Date

If signing on behalf of an entity:

LAURA BRODERICK, ASSISTANT SECRETARY

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
CR2E045 (04/13)