

F97000001910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

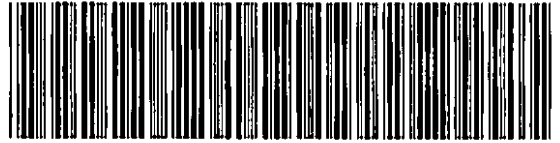
(Business Entity Name)

(Document Number)

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09/28/21 --01023--002 \*\*35.00

2021 NOV 16 PM 3:26

Amend

NOV 18 2021  
ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: THA Consulting, Inc.  
Name of Corporation

DOCUMENT NUMBER: F97000001910

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Crawley  
Name of Contact Person

THA Consulting, Inc.  
Firm/Company

550 Township Line Rd., Ste 100  
Address

Blue Bell, PA 19422  
City/State and Zip Code

bm@tha-consulting.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Crawley at ( 484 ) 342-0200  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy
- \$52.50 Filing Fee, Certificate of Status & Certified 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



2021 OCT 15 PM 1:40

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2021

JENNIFER CROWLEY  
550 TOWNSHIP LINE RD  
STE. 100  
BLUE BELL, PA 19422

SUBJECT: THA CONSULTING, INC.  
Ref. Number: F97000001910

We have received your document for THA CONSULTING, INC. 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton  
Regulatory Specialist III

Letter Number: 821A00024447

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

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

797000001910

(Document number of corporation (if known))

1. THA Consulting, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Pennsylvania (Incorporated under laws of)      3. 4/14/1997 (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: \_\_\_\_\_, Florida \_\_\_\_\_  
(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.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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

| Title/Capacity                  | Name           | Address                                   | Type of Action                          |
|---------------------------------|----------------|---|---|
| Dir of Building Envelope Design | Javier Sanchez | 40 NW 3rd St, Ste 1102<br>Miami, FL 33128 | <input checked="" type="checkbox"/> Add |
| _____                           | _____          | _____                                     | <input type="checkbox"/> Remove         |
| _____                           | _____          | _____                                     | <input type="checkbox"/> Add            |
| _____                           | _____          | _____                                     | <input type="checkbox"/> Remove         |
| _____                           | _____          | _____                                     | <input type="checkbox"/> Add            |
| _____                           | _____          | _____                                     | <input type="checkbox"/> Remove         |
| _____                           | _____          | _____                                     | <input type="checkbox"/> Add            |
| _____                           | _____          | _____                                     | <input type="checkbox"/> 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.

*[Handwritten Signature]*

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

Javier Machis

(Typed or printed name of person signing)

CFO

(Title of person signing)

FILING FEE \$35.00