

M22000007500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

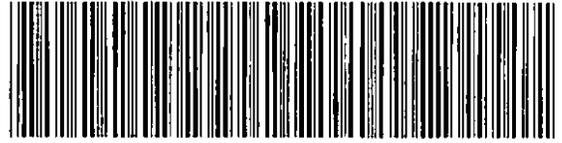
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SECRETARY OF STATE  
DEPARTMENT OF REVENUE  
2023 JUL -7 AM 9:09



# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Inglesino, Wyciskala, Taylor, Driscoll & Grieco LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa D. Taylor, Esq.

Name of Person

Inglesino, Wyciskala, Taylor, Driscoll & Grieco LLC

Firm/Company

600 Parsippany Road, Suite 204

Address

Parsippany, New Jersey 07054

City/State and Zip Code

ltaylor@itfirm.law

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

For further information concerning this matter, please call:

Lisa D. Taylor, Esq.

Name of Person

at ( 973 ) 947-7111

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- \$25 Filing Fee     \$30 Filing Fee & Certificate of Status     \$55 Filing Fee & Certified Copy     \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Inglesino, Webster, Wyciskala & Taylor, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

**(Principal office address  
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: \_\_\_\_\_  
**(Mailing address  
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M22000007500

3. Jurisdiction of its organization: New Jersey

4. Date authorized to do business in Florida: 5/12/2022

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Inglesino, Wyciskala, Taylor, Driscoll & Grieco LLC  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
*City Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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CORPORATION DIVISION  
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

*Lisa D. Taylor*

\_\_\_\_\_  
Signature of the authorized representative

Lisa D. Taylor, Esq.

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

**NEW JERSEY DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
CERTIFICATE OF ALTERNATE NAME**

**INGLESINO, WYCISKALA, TAYLOR, DRISCOLL & GRIECO LLC  
0400347895**

I, the Treasurer of the State of New Jersey, do hereby certify that the above name did on the 14th of April, 2023, file and record in this department a Certificate of Alternate Name.

1. **Business Name:** INGLESINO, WYCISKALA, TAYLOR, DRISCOLL & GRIECO LLC
2. **New Jersey Business Entity ID:** 0400347895
3. **Alternate Name:**

**Name:** INGLESINO TAYLOR

**Activity To Be Conducted Using Alternate Name**  
ALL LAWFUL PURPOSES

**Alternate Name is Valid Until:** 04/14/2028

**Signature and Title**

JOHN INGLESINO, MANAGING MEMBER



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
14th day of April, 2023*

A handwritten signature in black ink, appearing to read 'Elizabeth M. Muoio'.

*Elizabeth M. Muoio  
State Treasurer*

*Certificate Number : 4204786171*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)*