F09 00000 4984

| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| , | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Dusiness Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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| | |

Office Use Only



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RECEIVED

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05/04/21--01925--014 **35.00

2021 HAY -3 AM 10: 35
SECRETARY OF STATE
TALL AHASSEE FI

6/4/2/



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: April 29, 2021

Order#: 779328-267

Re: MARITIME PROGRAM GROUP, INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX _ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of cha | nge is submitted for a corporation org | 1502, 607,1508, or 617,1508, Florida Signized under the laws of the State of $\frac{C}{2}$ istered agent, or both, in the State of Flori | T |
|---|--|--|--|
| 1. The name of t | he corporation: MARITIME PROGRA | M GROUP, INC. | |
| 2. The principal | office address: 70 ESSEX ROAD, WE | STBROOK, CT 06498 | |
| 2. The mailing a | ddress (if different): 160 Federal Stre | et 4th Floor, Boston, MA 02110 | |
| | | Document number: F0900000 |)4984 |
| 5. The name and | | d agent and registered office on file with | i the |
| | 3H AGENT SERVICES, INC. | | CRE CALL |
| | 1415 PANTHER LANE SUITE 327 | | TAR) AHA |
| | NAPLES, FL 34109 | | AH SSE SSE |
| 6. The name and (if changed): | I street address of the new registered a | gent (if changed) and /or registered offic | 2021 HAY -3 AM 10: 35 SECRETARY OF STATE TALLAHASSEE, FL |
| | Corporation Service Company | | |
| | 1201 Hays Street | | |
| | P.O | Box NOT acceptable | |
| | Tallahassee | FL 32301 | |
| The street addre | ss of its registered office and the stre be identical. | et address of the business office of its | registered agent, |
| Such change wa authorized by th | is authorized by resolution duly adop be board, or the corporation has been | ted by its board of directors or by an on otified in writing of the change. | fficer so |
| | Xie E. Cienci | Jill Cilmi, Vice President | |
| Signatu | e of an officer or director | Printed or typed name and title | |
| I further agrée t of my duties, an document is bei corporation has | the appointment as registered agent to comply with the provisions of all stated I am familiar with and accept the one filed merely to reflect a change in been notified in writing of this change in Service Company | atutes relative to the proper and comp bligation of my position as registered the registered office address, I hereby | lete performance agent. Or, if this confirm that the |
| Bv: 🂢 | race t-Kubli | 04/28/2021 | |
| Sign | uture of Registered Agent | Date | |
| If signing on bel | half of an entity: | | |
| | Asst. Vice President | | |
| Ту | ped 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)