F18000000 Z1Z3

(Requ	estor's Name)
(Addse	ess)	-
(Addre	ess)	
(City/S	itate/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Na	ime)
(Document Number)		
Certified Copies	Certificate	es of Status
Special Instructions to Filing Officer:		

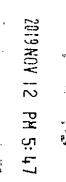




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RIBACH



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: November 6, 2019

Order#: 031249-396

Re: USR PARENT 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: Ami Casper 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 corpor	o2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of Delaware ce or registered agent, or both, in the State of Florida.
1. The name of	the corporation: USR PARE	NT INC.
2. The principal	office address: 500 Staples	Drive, Framingham, MA 01702
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 05/07/	/2018 Document number: F18000002123
	I street address of the current rtment of State: (If resigned, e	registered agent and registered office on file with the enter resigned)
	C T Corporation System	
	1200 South Pine Island Roa	ad
	Plantation	FL 33324
6. The name and (if changed):	d street address of the new reg	gistered agent (if changed) and /or registered office
	Corporation Service Compa	· · · · · · · · · · · · · · · · · · ·
	1201 Hays Street	
	T # 1	P.O. Box. NOT acceptable
	Tallahassee	FL 32301
The street address changed will	ess of its registered office an be identical.	d the street address of the business office of its registered agent.
Such change wa authorized by the	as authorized by resolution d ne board, or the corporation l	uly adopted by its board of directors or by an officer so has been notified in writing of the change.
Xiel &	2 aoni	Jill Cilmi, Vice President
Signatt	re of an officer or director	Printed or typed name and title
I further agree performance of agent. Or, if th hereby confirm	to comply with the provision my duties, and I am familian	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete with and accept the obligation of my position as registered erely to reflect a change in the registered office address, I en notified in writing of this change.
By: Cly	mkel	11/05/2019
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
Ami M. Casper	, Asst. Vice President	
	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327. TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *