## F18000005185

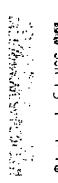
| (Requestor's Name)                      |  |  |  |  |  |
|-----------------------------------------|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
|                                         |  |  |  |  |  |
| (City/State/Zip/Phone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

Office Use Only



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06/13/19--01023--003 \*\*35.00



JUN 2 3 700 T. LEDMEUK



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: June 11, 2019

Order#: 785692-005

Re: ABP CORPORATION

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

MX File in your office on a routine basis.

XX \_ Tssue Proof of Filing.

XX Please return evidence to the following:

Attn: Logan Hall

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.

OUCA . XCOA

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

| Pursuant to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | provisions of sections 607.0                                                                                                                                    | 050 <mark>2</mark> , 617.0502, 60                                    | 7.1508, or 6                                | 517.1508, Florida                                             | Statutes this |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------|---------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | inge is submitted for a corpo                                                                                                                                   |                                                                      |                                             |                                                               |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r to change its registered of                                                                                                                                   |                                                                      |                                             |                                                               |               |
| 1. The name of t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | the corporation: ABP CORP                                                                                                                                       | ORATION                                                              |                                             |                                                               |               |
| 2. The principal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | office address: 63 KENORI                                                                                                                                       | CK STREET                                                            |                                             |                                                               |               |
| NEEDHAM,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MA 02494                                                                                                                                                        | -                                                                    |                                             |                                                               |               |
| 3. The mailing a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ddress (if different): 63 KEI                                                                                                                                   | NDRICK STREET                                                        |                                             |                                                               |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /l, MA 02494                                                                                                                                                    |                                                                      |                                             |                                                               |               |
| 4. Date of incorp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | poration/qualification; 11/1                                                                                                                                    | 3/2018                                                               | Document                                    | number: F18000                                                | 005185        |
| 5. The name and<br>Florida Depar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | street address of the current<br>tment of State: (If resigned,                                                                                                  | t registered agent a<br>enter resigned)                              | nd registere                                | ed office on file w                                           | vith the      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NRAI SERVICES, INC.                                                                                                                                             |                                                                      |                                             |                                                               |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1200 SOUTH PINE ISLAN                                                                                                                                           | D ROAD                                                               |                                             |                                                               |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PLANTATION                                                                                                                                                      |                                                                      | FL                                          | 33324                                                         |               |
| 6. The name and (if changed):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | street address of the new re                                                                                                                                    | gistered agent (if c                                                 | hanged) and                                 | d /or registered of                                           | fice          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Corporation Service Comp                                                                                                                                        | any                                                                  |                                             |                                                               |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1201 Hays Street                                                                                                                                                |                                                                      |                                             |                                                               |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                 | P.O. Box NO1 acceptal                                                | oke                                         |                                                               |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tallahassee                                                                                                                                                     |                                                                      | FL                                          | 32301                                                         |               |
| Es changed with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ss of its registered office ar<br>be identical.<br>s authorized by resolution of<br>e board, or the corporation                                                 |                                                                      |                                             |                                                               | _             |
| 18 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7                                                                                                                                                               | Tom                                                                  | Dolan, SR.                                  | VICE PRESIDE                                                  | NT            |
| Signatur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | of an officer or director                                                                                                                                       |                                                                      | Printer                                     | or typed name and titl                                        | е ———         |
| gree in the survey in the survey of responding the survey of this survey of the survey | the appointment as register to comply with the provision by duties, and I am familial to document is being filed metal the corporation has been Service Company | is of all statutes re<br>r with and accept t<br>erely to reflect a c | lative to the<br>he obligati<br>hange in th | e proper and com<br>on of my position<br>or registered office |               |
| By: ဤ <sub>ကာ</sub>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | a tokinbi                                                                                                                                                       |                                                                      | 05/30/20                                    | 19                                                            |               |
| Sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | iture of Registered Agent                                                                                                                                       |                                                                      |                                             | Date                                                          |               |
| f signing on beh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | alf of an entity:                                                                                                                                               |                                                                      |                                             |                                                               |               |
| GRACE E. KIRB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Y, Asst. Vice President                                                                                                                                         |                                                                      |                                             |                                                               |               |
| Тут                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ed or Printed Name                                                                                                                                              | <del></del>                                                          |                                             |                                                               |               |

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

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

| statement of cha                                                                                                | nge is submitted for a corporation of                                             | .0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of DELAWARE gistered agent, or both, in the State of Florida.       |  |  |  |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                                                                                                 | he corporation: ABP CORPORATIO                                                    | •                                                                                                                                                             |  |  |  |
| 2. The principal NEEDHAM,                                                                                       | office address: 63 KENDRICK STRI                                                  | ET                                                                                                                                                            |  |  |  |
|                                                                                                                 | ddress (if different): 63 KENDRICK<br>1, MA 02494                                 | STREET                                                                                                                                                        |  |  |  |
| 4. Date of incorp                                                                                               | poration/qualification: 11/13/2018                                                | Document number: F18000005185                                                                                                                                 |  |  |  |
|                                                                                                                 | street address of the current register<br>tment of State: (If resigned, enter res | red agent and registered office on file with the                                                                                                              |  |  |  |
|                                                                                                                 | NRAI SERVICES, INC.                                                               |                                                                                                                                                               |  |  |  |
|                                                                                                                 | 1200 SOUTH PINE ISLAND ROAD                                                       | )                                                                                                                                                             |  |  |  |
|                                                                                                                 | PLANTATION                                                                        | FL 33324                                                                                                                                                      |  |  |  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |                                                                                   |                                                                                                                                                               |  |  |  |
|                                                                                                                 | Corporation Service Company                                                       |                                                                                                                                                               |  |  |  |
|                                                                                                                 | 1201 Hays Street                                                                  |                                                                                                                                                               |  |  |  |
|                                                                                                                 |                                                                                   | NOT ecceptable                                                                                                                                                |  |  |  |
|                                                                                                                 | Tallahassee                                                                       | FL 32301                                                                                                                                                      |  |  |  |
| The street address changed will                                                                                 | ss of its registered office and the sta<br>be identical.                          | reet address of the business office of its registered agent,                                                                                                  |  |  |  |
| Such change wa<br>authorized by th                                                                              | s authorized by resolution duly ado<br>e board, or the corporation has beer       | pted by its board of directors or by an officer so i notified in writing of the change.                                                                       |  |  |  |
| 18 110                                                                                                          | <del>)</del>                                                                      | Tom Dolan, SR. VICE PRESIDENT                                                                                                                                 |  |  |  |
| Signatur                                                                                                        | of an officer or director                                                         | Printed or typed name and title                                                                                                                               |  |  |  |
| I further agree to performance of agent. Or, if this hereby confirm                                             | my duties, and I am familiar with a                                               | statutes relative to the proper and complete<br>nd accept the obligation of my position as registered<br>reflect a change in the registered office address. I |  |  |  |
| By: Yim                                                                                                         | e tokubi                                                                          | 05/30/2019                                                                                                                                                    |  |  |  |
| Sign                                                                                                            | nature of Registered Agent                                                        | Dute                                                                                                                                                          |  |  |  |
| If signing on bel                                                                                               | half of an entity:                                                                |                                                                                                                                                               |  |  |  |
| GRACE E. KIRI                                                                                                   | BY, Asst. Vice President                                                          |                                                                                                                                                               |  |  |  |
| Ту                                                                                                              | pod or Printed Name                                                               |                                                                                                                                                               |  |  |  |

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