M170000 10242

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u>. </u>
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	· · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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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#: 031249-360

Re: USR ASSOCIATES LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$25 .

Please take the following action:

XX ___ File in your office on a routine basis.

XX __ Issue Proof of Filing.

 \overline{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 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

?. (a)	500 Staples Drive	(b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET_ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Framingham, MA 01702		
	12/05/2017	<u>M</u> 1	7000010242
B.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
). (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept	, of State:
	1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET)	ADDRESSI	
	registered Office Address	7100KL337	
		_ .	 _
	Plantation , FI	33324	<u></u>
			37.0 P
(b)	Corporation Service Company		
(-)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address	
			ASSI V
	1201 Hays Street		— Egg 7 m
	NEW Registered Office Address:		
	Tallahassee Fi	_ 32301	,P 42
	, FI		
he ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registere iability compa of the limited	d office and the business office of the registere my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/s	/ Jill Cilmi	Jill Cilmi	, Authorized Person
Sign	nture of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob	by accept the appointment as registered agent and ageons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I	ree to act in to performance ed for in Chap hereby contir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accep ster 605, F.S. Or, if this document is being filed on that the limited liability company has been