# M18000005680

(Requestor's Name)
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O's Plant Go Change
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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FILED



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 875908 7277626					
AUTHORIZATION :					
COST LIMIT : \$ 25.00					
ORDER DATE : July 14, 2023					
ORDER TIME : 1:06 PM					
ORDER NO. : 875908-005					
CUSTOMER NO: 7277626					
FOREIGN FILINGS					
NAME: KESSLES FINANCIAL SERVICES LLC					
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY					
XXXX AMENDMENT					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_

### **COVER LETTER**

TO: Registration Section

Division of Corporations	
SUBJECT: Kessler Financial Services LL	.c
	oreign Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and f	ee(s) are submitted for filing.
Please return all correspondence concernie	ng this matter to the following:
Steve Webb	
Name of Person	
Onboard Partners LLC	
Firm/Company	
855 Boylston Street	
Address	
Boston, MA 02116	
City/State and Zip	Code
swebb@onboardpartners.com	
E-mail address: (to be used for future an	nnual report notification)
For further information concerning this m	atter please calls
Steve Webb	617 450-4030
Name of Person	Area Code & Daytime Telephone Number
come of reison	, ,
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
Turiditassee, T. E. 525 TT	Tallahassee, FL 32303
Enclosed is a check for the follow	wing amount:
□\$25 Filing Fee □ \$30 Filing Fee &	☐ \$55 Filing Fee & ☐ \$60 Filing Fee,
Certificate of Sta	tus Certified Copy Certificate of Status & Certified Copy
CR2E055 (9/15)	



### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 17, 2023

CSC

submission date as file date.

SUBJECT: KESSLER FINANCIAL SERVICES, LLC

Ref. Number: M18000005680

We have received your document for KESSLER FINANCIAL SERVICES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the complete name of the New Registered Agent and address.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 923A00015777

PA 17 PA

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

#### SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appear	ars on the records of the Florida Depa	utment of
State: Kessler Financial Services, LLC		A3
Enter new principal office address, if applicable:		ALL 1983 JI
( <u>Principal office address</u> MUST BE A STREET ADDRESS)		IL 14 HASSI
Enter new mailing address, if applicable: ( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX)</u>		AM 9: 48 EE.FLORIDA
2. The Florida document number of this limited li	iability company is: M18000005680	)
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida:		<del></del>
SECTION II (5-9 complete only the applicable	e changes)	
5. New name of the limited liability company:	Onboard Partners LLC	
(mu	st contain "Limited Liability Compa	ny, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	anaging members adopting the altern	ness in Florida and attach a late name. The alternate name
<ol> <li>If amending the registered agent and/or register registered agent and/or the new registered office;</li> </ol>		nter the name of the new
Name of New Registered Agent: CORPORATION	N SERVICE COMPANY	·
New Registered Office Address: 1201 HAYS		
	Enter Florida St	reet Address
<u> </u>	TALLAHASSEE	, Florida 32308 Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of t	ent and agree to act in this capacity. r and complete performance of my di stered agent as provided for in Chap; e in the registered office address, I h	uties, and I am familiar with ter 605, F.S. Or, if this creby confirm that the limited

		city in accordance with 605.0902 (1)(e), indicate that	
itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
MGR ———	Steve Hudson	855 Boylston Street, Boston, MA 0211	6 □Add
			Remove
AGR	Michael Lepore	855 Boylston Street, Boston, MA 0211	6 □Add
			■Remove
<del></del>			DbAD
			□Remove
<del>.</del> _			□Add
			□Remove
<del></del>			□Add
Attached is a	certificate, if required: no more	than 00 days ald avidencing the	□Remove
aforemention	ned amendment(s), duly authentic under the law of which this entity	rated by the official having custody of records in the	2123 JUL SLUGGIA TALLAHAS
		STEVEN WE&B  or printed name of signee	IL AM SSEE, F SSEE, F

Filing Fee: \$25.00

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "KESSLER FINANCIAL

SERVICES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "ONBOARD PARTNERS LLC" ON THE THIRD DAY OF JANUARY, A.D.

2023, AT 5:22 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

Authentication: 203746774

Date: 07-14-23