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## **COVER LETTER**

	gistration Section rision of Corporations		
SUBJECT	GCR US Feeder, LLC		
		ne of Limited L	iability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.
Please retur	rn all correspondence <del>con</del> cerning th	is matter to the	following:
Steven In	nparato		
	Name of Person		_
Steven A	. Imparato, P.A.		
	Firm/Company		_
185 NW 8	Spanish River Blvd., Ste. 200		
	Address	-	<del>Maria</del>
Boca Rat	on, FL 33431		
	City/State and Zip Code		<del></del>
steven@s	simparatolaw.com		
E-mai	l address: (to be used for future ann	ual report notif	ication)
For further	information concerning this matter,	please call:	
Steven Im	nparato	561	910-6994
	Name of Person		Area Code & Daytime Telephone Number
· Reg Div Clii 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 11 Executive Center Circle lahassee, Florida 32301	Re Di P.0	AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314
Ene	closed is a check for the following	amount:	
<b>2</b> 9	\$25 Filing Fee	<b>□</b> \$.	55 Filing Fee & Certified Copy

## 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.

1. N	ame of the limited liability company: GCR US Fee	der, L	LC			
2. (a)	• • •	· · ·	(b)			
<b>2</b> . (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability of the May BE POST OFFICE			•
	185 NW Spanish River Blvd., Ste. 200		185 NW	/ Spanish River Blvd	l., Ste. 20	)0
	Boca Raton, FL 33431	_	Boca R	aton, FL 33431		
	June 23, 2014		L140000	99934		
3.	Date of filing/registration in Florida	 4.	•	Document number		
5. (a)	Steven A. Imparato, P.A.					
J. (u,	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Star	te:		
	3351 NW Boca Raton Blvd., Boca Raton, F	L 3343	31			
	Registered Office Address (MUST BE FLORIDA STREET) 3351 NW Boca Raton Blvd.	ADDRES	<u>(C)</u>	  	SEC	14 A
	Boca Raton, FL	3343	1	<del>-</del>	RETA AHAS	AUG 25
(b)	Steven A Imparato P A				TARY OF HASSEE, F	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	_	F STATE FLORID/	PM 1: 51
	NEW Registered Office Address:			_		
	185 NW Spanish River Blvd., Ste. 200			_		
	Boca Raton , FI	3343	1	_		
the ch agent was/w the art	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the atture of a member or authorized representative of a member aby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete	f the reg ability of of the li limited	gistered offic company, it is mited liability I liability con Mic Me.	te and the business office is hereby confirmed that ty company or as otherwing mpany.  LEBOW  Printed or typed name of signative. I further agree to	the change the change vise provide	gistered e(s) ed in
the ob to mer notifie	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.	d for in hereby	Chapter 60. confirm that	5, F.S. Or, if this docum the limited liability com	ient is bein ipany has i	ig filêd been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent