

**MD8000004772**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

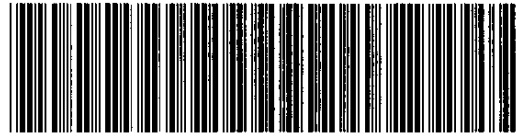
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2010 OCT 29 PM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 1 2010

EXAMINER

# VCORP SERVICES, LLC

October 26, 2010

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Marketfield Asset Management, LLC

To Whom It May Concern:

Please file the attached CERTIFICATE OF AGENT for the above referenced entity.

Should there be an error on the attached please contact me ASAP at the info below.

Please send the filed documents using our enclosed self-addressed envelope.

Thank you for your attention to this matter.

Very truly yours,



Paul S. Fay

Email: pfay@vcorpservices.com

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Marketfield Asset Management, LLC
2. The mailing address of the limited liability company is : 292 Madison Avenue  
New York, NY 10017

October 28, 2008

M08000004772

3. Date of filing/registration in Florida
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

**CT Corporation**

Name

1200 South Pine Island Road

**Address**

Plantation, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

**Vcorp Services, LLC**

Name

7200 W Camino Real, Suite 102

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton                      FI    33433

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

**Deepak Tejwaney, CFO**

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 6084 F.S. (Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314