M12000006869

| (Re | equestor's Name) | | | | |
|---|--------------------|--------------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Ci | ty/State/Zip/Phone | > #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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| | | | | | |
| | | | | | |

Office Use Only



800296026148

03/09/17--01009--014 **25.00



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 7, 2017

Order#: 539264-024

Re: THE GAP-US LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.

| 1. N | ame of the limited liability company: THE GAP-US LI | _C | | |
|-------------------------------|---|--|---|--|
| 2. (a) | 411 THEODORE FREMD AVENUE | _ (b) | 1 411 THEC | DOORE FREMD AVENUE |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | Mai | ling address of limited liability company: Note: MAY BE POST OFFICE BOX) |
| | SUITE 230 | _ | SUITE 230 | |
| | RYE, NY 10580 | | RYE, NY 10 | 0580 |
| | 12/10/2012 | | M120000068 | 369 |
| 3. | Date of filing/registration in Florida | 4. | Do | ocument number |
| 5. (a) | NRAI SERVICES, INC | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of the | ne Florida : | Dept. of State: | |
| | 1200 SOUTH PINE ISLAND ROAD | | - | OTE / |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) |) | |
| | | | • | |
| | | | · · · · · · · · · · · · · · · · · · · | · 1 [*** |
| | PLANTATION ,FL | 33324 | <u></u> | i De la Caración de l |
| | | | | AH 1: 09 |
| (b) | CORPORATION SERVICE COMPANY | | | ************************************** |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> | Office add | ress: | 09 |
| | 1201 HAYS STREET | | | |
| | NEW Registered Office Address: | | | |
| | | · - · | | |
| | TALLAHASSEE FL | 32301 | | |
| | | | | |
| the cha agent v was/we | mited liability company is not organized under the law- nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative yote of the members of cles of organization or the operating agreement of the li | he regist bility con the limit | tered office an mpany, it is he ited liability co | of the business office of the registered ereby confirmed that the change(s) opposition of as otherwise provided in |
| | 1, /2 | | | mas Neubauer |
| Signat | ure of a member or authorized representative of a member | | | inted or typed name of signee |
| proviși the obl to mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have a provided in writing of this change. | e to act i performa for in Cl preby con | in this capacii nce of my dut hapter 605, F nfirm that the | ty. I further agree to comply with the ies, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been |
| Signatur | e of Registered Agent Corporation Service Company | BY: Gr | ace E. Kirby | Assistant Vice President |

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

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.

| 2. (a) | 411 THEODORE FREMD AVENUE | (b) | 411 THEODORE FREMD AVENUE |
|---------------------------|---|--|--|
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | SUITE 230 | | SUITE 230 |
| | RYE, NY 10580 | <u> </u> | RYE, NY 10580 |
| | 12/10/2012 | | M12000006869 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5 (~ | NRAI SERVICES, INC | | · |
| 5. (a) | Registered Agent and Registered Office shown on the records of | the Florida l | Dept. of State: |
| | | | - F |
| | 1200 SOUTH PINE ISLAND ROAD | 4DDBECCI | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDKESSI | · · · · · · · · · · · · · · · · · · · |
| | | | |
| | PLANTATION . FI | 22224 | |
| | PLANTATION , FI | 33324 | |
| 4. | CORROBATION CERVICE COMPANY | | ۽ ڪ ۽ |
| (b) | CORPORATION SERVICE COMPANY Enter name of NEW Registered Agent and/or NEW Registered | Office add | Iress: |
| | Enter name of NEW Registered Agent and/or IVEW Registered | OHILL AUG | Iress: |
| | 1201 HAYS STREET | | · · · |
| | NEW Registered Office Address: | | <u> </u> |
| | NEW Registered Office Address. | | |
| | TALLAHASSEE FI | 32301 | |
| | ,11 | <u> </u> | ············· |
| the chagent was/v | limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | f the regist iability cor of the limit | tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in |
| | 1. 19 | | Thomas Neubauer |
| Sign | ature of a member or authorized representative of a member | | Printed or typed name of signee |
| provis the ob to me | eby accept the appointment as registered agent and ag sions 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 ed in writing of this change. | i nemarma | ince of my auties, and i am tamiliar with and accept |
| | Thace Cokubie | | |
| Signat | ure of Registered Agent Corporation Service Company | BY: Gr | race E. Kirby, Assistant Vice President |