## M15000006838

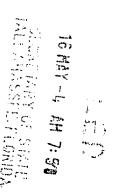
(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phone	<del>= #)</del>			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
		;			

Office Use Only



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MAY 05 2016 J SHIVERS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: May 3, 2016

Order#: 105346-391

Re: MACQUARIE PHYSICAL COMMODITIES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

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.

XX Please return evidence to the following:

Attn: Janis M. Smith 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.	Na	me of the limited liability company: MACQUARIE PH	HYSICA	COMMO!	DITIES, LLC
2. (a	a)	125 WEST 55TH STREET LEVEL 22	(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)
		NEW YORK N\ 10019	<del></del>		
		02/02/2015		M150000	00838
3.		Date of filing/registration in Florida	4.		Document number
5. (	a)	C T CORPORATION SYSTEM			
<i>J</i> . (	u)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	· ::
		1200 SOUTH PINE ISLAND ROAD			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS.	······································	-
					man.
		PLANTATION , FL_	33324		
(t	) ,	Corporation Service Company			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	ress:	
		1201 Hays Street			
		NEW Registered Office Address:			
		Tallahassee , FL	32301		
the clagent was/v	hai t w we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable of organization or the operating agreement of the liable of organization or the operating agreement of the liable of organization or the operating agreement of the liable of organization or the operating agreement of the liable of organization or the operating agreement of the liable of organization or the operating agreement of the liable of organization or the operating agreement of the liable of organization or the operating agreement of the liable of organization or the operating agreement of the liable of organization or the operating agreement of the liable of organization or the operating agreement of the liable of organization or the operating agreement of the liable of organization or the operating agreement of the liable of organization or the operating agreement of the liable of organization or the operating agreement of the liable of organization or the operating agreement of the liable of organization or the operating organization organization organiza	he regis bility co the limi	tered office mpany, it is ted liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
Sio	nati	re of a member or authorized representative of a member	Jill C	ilmi, Vice P	President Printed or typed name of signee
I her provi the o to me notifi	eb isid bli ere ied	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	performa for in C ereby co	nce of my a hapter 605 nfirm that i	acity. I further agree to comply with the