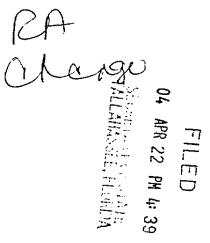
## F00000004509

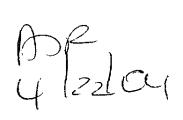
| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            | <u></u> _ |
| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |

Office Use Only



200032576962







ACCOUNT NO. : 072100000032

REFERENCE: 577504 5124005

AUTHORIZATION

COST LIMIT

ORDER DATE: April 19, 2004

ORDER TIME : 2:37 PM

ORDER NO. : 577504-070

CUSTOMER NO: 5124005

CUSTOMER: Ms. Melanie Vicknair

Aimco

Suite 1100

4582 South Ulster Street Pkwy

Denver, CO 80237

CHANGE OF AGENT

NAME: NATIONAL CORPORATE TAX CREDIT,

INC. VIII

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to th              | e provisions of sections 607.0502, 617.050  | 2, 607.1508, or 617.1508, Florida Statutes, thi  | s statement of                                    |  |  |
|-----------------------------|---|--|---|--|--|
| change is subn              | nitted for a corporation organized under th   | ne laws of the State of California   | in order  |  |  |
| to change its r             | egistered office or registered agent, or both   | h, in the State of Florida.  |   |  |  |
| 1. The name o               | f the corporation: NATIONAL CORPORATI   | E TAX CREDIT, INC. VIII  |   |  |  |
| 2. The principa             | al office address: 6100 Center Drive  | 800, Los Angeles, CA 90045   |   |  |  |
| 3. The mailing              | g address (if different):   |  |   |  |  |
| 4. Date of inco             | orporation/qualification: 08/09/2000  | Document number: F00000004509  |   |  |  |
|                             | nd street address of the current registered a partment of State:                        | gent and registered office on file with the  | ō   |  |  |
|                             | C T Corporation System  |  | A   |  |  |
|                             | 1200 South Pine Island Road   | <b>A</b> 53  | FILI<br>APR 22                                    |  |  |
|                             | Plantation, FL 33324  |  | ILED<br>22 PH                                     |  |  |
| 6. The name at (if changed) | nd street address of the new registered ager  | nt (if changed) and /or registered office  | 04:4)   |  |  |
|                             | Corporation Service Company   |  |   |  |  |
|                             | 1201 Hays Street  |  |   |  |  |
|                             | (P.O. Box or personal   | mailbox NOT acceptable)  |   |  |  |
|                             | Tallahassee, FL 32301   |  |   |  |  |
| The street add              | lress of its registered office and the street be identical.                             | address of the business office of its registere  | d agent, as                                       |  |  |
| Such change the board, or t | was authorized by resolution duly adopte<br>the corporation has been notified in writir | d by its board of directors or by an officer so ng of the change.  | authorized by                                     |  |  |
|                             | Macarlo   | Louis Giaccardo, Attorney in Fact  |   |  |  |
|                             | (Signature of an officer of director)   | (Printed or typed name and title   |   |  |  |
| veen notijiea .             | in writing of this change.  | nd agree to act in this capacity,<br>tutes relative to the proper and complete perf<br>n of my position as registered agent. Or, if to<br>office address, I hereby confirm that the corp | formance of my<br>his document is<br>poration has |  |  |
|                             | n Service Company   | April 15, 2004   |   |  |  |
| By:                         | (Signature of Registered Agent)   | (Date)   |   |  |  |
| If signing on l             | behalf of an entity:  |  |   |  |  |
| Marva L. W                  | Villiams  | Asst. Vice President   |   |  |  |
| (Typed or Printed Name)     |   | (Capacity)   | (Capacity)  |  |  |