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| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | 2 #) | | |
| (Oity/State/21p/Filone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| • | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Do | ocument Number) | | | |
| | | | | |
| Certified Copies | Certificates | of Status | | |
| , · | | | | |
| Special Instructions to Filing Officer: | | | | |
| | Λί | IINIT | | |
| A. LUNT | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|--------|--|-----------|-------------------------------|----------------|--|
| SUBJ | SUBJECT: Kahama VI, LLC. | | | | |
| | Name of | Limite | d Liability Company | | |
| Dear | Sir or Madam: | | | | |
| The e | nclosed Registered Agent/Registered | Office | Change and fee(s) are submitt | ed for filing. | |
| Pleas | e return all correspondence concernin | g this m | natter to the following: | MR HAY 29 | |
| | Pager Hose | | | 14,0 | |
| | Roger Hoss Name of Person | | | 파우 교 | |
| | rume of 1 erson | | | | |
| | | | | 35 6 | |
| | Sequoia Financial Solution | ns | | - Me- | |
| | Firm/Company | | | | |
| | | | | | |
| | 10 Fairway Drive, Suite 20 | 09 | | | |
| | Address | <u> </u> | | | |
| | | | | | |
| | Described Described 1994 | 4.4 | | | |
| | Deerfield Beach, FL 334 City/State and Zip Code | 41 | | | |
| | City/State and Zip Code | | | | |
| E | roger@sequoiafinancialsolution | ns.com | on) | | |
| For fu | orther information concerning this ma | tter, nle | ase call: | | |
| | 9 | , [| | | |
| | Roger Hoss | ot (| 916) 799-7 | 390 | |
| | Name of Person | at (_ | Area Code & Daytime Telepl | | |
| | | | , | | |
| | STREET/COURIER ADDRESS: | | MAILING ADDRESS: | | |
| | Registration Section | | Registration Section | | |
| | Division of Corporations | | Division of Corporations | | |
| | Clifton Building | | P.O. Box 6327 | | |
| | 2661 Executive Center Circle | | Tallahassee, Florida 32314 | | |
| | Tallahassee, Florida 32301 | | | | |
| | Enclosed is a check for the follow | ing amo | ount: | | |
| | \$25 Filing Fee | | \$55 Filing Fee & Certifi | ed Copy | |

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.

| agem, or boin, in the state of I tortaa. | | | |
|--|---|--|--|
| Name of the limited liability company: | Kahama VI, LLC | | |
| 2. (a) Principal office address of limited liability compar | y: 1777 Botelho Drive | | |
| (Note: MUST BE STREET ADDRESS) | Suite 300 Walnut Creek, CA 94596 | | |
| (b) Mailing address of limited liability company: | 1777 Botelho Drive | | |
| (Note: MAY BE POST OFFICE BOX) | Suite 300 Walnut Creek, CA 94596 | | |
| 06/09/2008 | L08000056706 | | |
| 3. Date of filing/registration in Florida | 4. Document number | | |
| 5. (a) Registered Agent and Registered Office shown or | | | |
| Registered Agent: | Robert Abraham | | |
| Registered Office Address: | 220 South Ridgewood Avenue Suite 200 Daytona Beach, FL 321142 | | |
| (b) Enter name of NEW Registered Agent and/or NE | W Registered Office address: | | |
| <u>NEW</u> Registered Agent: | Roger Hoss | | |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 10 Fairway Drive Suite 209 Deerfield ,FL 33441 | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | Florida street address of the registered office | | |
| Mark S. Carter | | | |
| Printed or typed name of signee | _ | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant I am familiar with and accept the obligations of my particle to make the confirmation of the company of the complete the confirmation that the limited liability company that the limited liability company of the confirmation of the o | agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change. | | |

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