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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.

I. N	ame of the limited liability company: RCCAssetMan	agersVI.	L,C.			
2. (a)						
-1 (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ling address of limited liability Note: MAYBI: POST OFFIC		
	122517thSt,Ste1400		122517thSt,5	S(e1400		
	Denver.CO80202		Denver,CO80			
	10/13/2003		M03000003403	l e e e e e e e e e e e e e e e e e e e		
3.	Date of filing/registration in Florida	- 4.	Do	ocument number		
5. (a)						
J. (8)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of State:			
	CapitolCorporateServices,Inc.				<u></u>	SE
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<u>S)</u>		×	L CR
	155OfficePlazaDriveSuiteA,			,	1 - AON	F S3-
	Tallahussee, , FI	32301	·············			RY O
					AM 11: 03	
(b)	Enter name of NEW Registered Agent and/or NEW Registered		<u></u>		-:	95
	Enter name of NEW Registered Agent and/or NEW Registered	1 Office no	dress:		ລ	SE.
	CTCorporationSystem					•
	NEW Registered Office Address:	······································	<u> </u>			
	1200SouthPineIslandRoad					
	Plantation	33324				
the cha agent was/wa	imited liability company is not organized under the large or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the fine reginability coof the line with the line contract.	stered office an ompany, it is he nited liability company	d the business office of the confirmed that the company or as otherwise p	he registi hange(s)	ered I
Signa	ture of a member or authorized representative of a member		Pri	inted or typed name of signee		
provis the obl to meri notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change. The propertion System The Control of th	perform d for in c hereby c	iance of my duti Chapter 605, F. onfirm that the	ty. I further agree to com les, and I am familiar wit. S. Or, if this document is limited liability company	ply with h and acc s being fi has beei	the cept iled n
·	ne of Registered Agent		•			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25,00

Ву