## Division of Corporation 500000 Page (lof 1

## Florida Department of State

Division of Corporations Public Access System

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

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## REGISTERED AGENT CHANGE

SCI MARKET SQUARE FUND 6, LLC

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CT CORPORATION SYSTM

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submit agent, or both, in the Sta	ons of sections 608.41 ts the following staten te of Florida.	'6 or 608.508 sent in order	8, Florida Statutes to change its regi	i, the undersigned limited stered office or registered
1. The name of the limit	ed liability company is	s: SCI Market !	Square Fund 6, LLC	
2. The mailing address of	of the limited liability of	company is :		
11620 WILSHIRE BLVD 10t	h FLOOR LOS ANGELE	\$, CA 90025		
DE /84 /47				
3. Date of filing/registration in Florida 4. Document num				oher
5. The name of the regist Florida Department of	ered agent and the reg	istered office		
<b>F ,</b>	CORPORATION SERV	ICE COMPANY	<u> </u>	
		Name		
1201 HAYS STREET				
Address TALLAHASSEE FL 32301-2525				_ =
		, State and Zi	p	SE WISE
6. The name and address of the new registered agent and/or office:			SECRETA 07 DEC 3	
	CTC	orporation Syste	m	<u> </u>
	1700 Cour	Name	and I	AH 9: 42
Florida street address (P.O. Box NOT acceptable)				9
	Piorida sucet aduje.	22 (1 'O' DOY I	1401 acceptable)	110g
	Plantation	FL	33324	2 %
	City,	State and Zip		
If the limited liability conconfirmed that after the cand the business office o liability company, it is he of the members of the linor the operating agreeme (Signature of a member or author Canalian Restaute Canalian C	thange or changes are a f the registered agent we creby confirmed that the mited liability compan nt of the limited liabili	made, the Flovill be identicate change(s) was otherway or as otherway company.	rida street address al. Or, in the case vas/were authorize	of the registered office of a Florida limited Il by an affirmative vote
Carolina Botero (Printed or typed name of signee	)			
$n = \frac{1}{\sqrt{1 + col}}$	poration system		ree to got in this ca er and complete pe tion as registered t ly reflect a change has been notified in MASIE BRYAN	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)	*		Eciel Vermexable	DESPETATE
Divisi	on of Corporations, P FILIT	P.O. Box 6327 NG FEE: \$25		32314
INH\$18 (8/05)				
FLOIS - 129/09/2005 C T System Online				

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