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(F	Requestor's Name)				
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2012 MAY 17 AM 9: 02
SECRETARY OF STATE

J. SAULSBERRY EXAMINER MAY 18 2012

COVER LETTER

Proceedings of Corporation Division of Corporation	ıs			
SUBJECT:	SCI Gateway			
	Name of Limite	ed Liability Co	отрапу	
Dear Sir or Madam:				
The enclosed Registered Agent	/Registered Office	Change and for	ee(s) are submitt	ed for filing.
Please return all correspondenc	e concerning this	matter to the fo	ollowing:	
	•			
Lisa S	hults			
Name of Pe				
			·	·
Corporat <u>e</u> [Airect Inc			2
Firm/Comp				
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0040 Mandalina	DI 04- 11			2012 MAY 17 AM '9: 02 SECRETARY OF STATE ADLAHASSEE, FLORID
2248 Meridian Address	Biva., Ste. H			
71441055				AH '9: I
				7. C
Minden, N				× 2
City/State and 2	zip Code			
dechadeck@	amail com			
dschadeck@ E-mail address: (to be used for futu	ire annual report notifica	tion)		
		11		
For further information concern	ning this matter, pl	ease call:		
Lisa Shults		775	004.7	407
Name of Person	at (775)	284-7 ode & Daytime Teleph	
name of terson				
STREET/COURIER AI	DRESS:		G ADDRESS:	
Registration Section		Registration Section		
Division of Corporations			of Corporations	
Clifton Building	1	P.O. Box		
2661 Executive Center Ci Tallahassee, Florida 3230		rananasse	e, Florida 32314	
Enclosed is a check fo	r the following am	iount:		
\$25 Filing Fee		\$55 Filing Fee & Certified 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.

		10.110		
Name of the limited liability company:SC	I Gateway At Club Fund	d 6, LLC		
2. (a) Principal office address of limited liability compa	nny:			
(Note: MUST BE STREET ADDRESS)	1083 Summerview Driv San Jose, CA 95132	e		
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	1083 Summerview Driv San Jose, CA 95132	e		
08/02/2007	M07000004	664 🗠		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida D	ARE of State:		
Registered Agent:	CT Corporation System			
Registered Office Address:	1200 South Pine Island Plantation, FL 33324	Road 99		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office addre	ess:		
NEW Registered Agent:				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1037 Greystone Lane			
	Sarasota	,FL <u>34232</u>		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the rentical. Or, in the case of a Florial was/were authorized by an	registered office orida limited o affirmative vote		
Delores Schadeck, Manager 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 land am familiar with and accept the obligations of my Chapter 648, F. G. Or, if this document is being filed to a address, thereby confirm that the limited liability compositions of the composition of the confirmation of the composition of the confirmation of the composition o				
Division of Corporations, P.O. Box	0 <i>321</i> , 121121125566, FL <i>32</i> 314	•		

FILING FEE: \$25.00

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