M07688604691

(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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SECRETARY OF STATE TAKE AHASSEE: FLORIDA

T. CLINE
JUN 1 3 2012

EXAMINER

COVER LETTER

Divisio	on of Corporations				
SUBJECT: _	SCI GATEWAY AT CLUB F	UND 26, LLC	3		
	Name of	Limited Li	ability Company		
Dear Sir or Ma	adam:				
The enclosed I	Registered Agent/Registered	Office Cha	inge and fee(s) are submit	tted for filing.	
Please return a	ll соптевропdенсе concernin	g this matte	er to the following:		
DEE DEE KE	LLY, MANAGER				
	Name of Person				
AMERICAN (CORPORATE ENTERPRISES,	INC.			
	Firm/Company				
123 W. NYE.I	LANE, SUITE 129			ganag	
	Address		· ·	2012 JUN SEERETA ALLEAHAS	h7M ann
CARSON CI	TY, NV 89706			UH 12 ETARY HASSE	Saprove Substituti
	City/State and Zip Code			rn —	
_	mericancorpenterprises.com			AM 14	\bigcirc
E-mail addre	ss: (to be used for future annual report	notification)			
For further info	ormation concerning this ma	tter, please	call:	. 	
DEE DEE KE	ILLY	at (_888)_274-1130		
	Name of Person	_	Area Code & Daytime Tele	phone Number	
Registra Division Clifton 2661 Ex	ct/Courier Address: ation Section n of Corporations Building secutive Center Circle ssee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclos	ed is a check for the follow	ing amoun	t:		
X \$25	Filing Fee		\$55 Filing Fee & Certif	fied Copy	

INHS18 (5/08)

TO: Registration Section

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.

I.	Name of the limited liability company:	SCI Gateway At	Gateway At Club Fund 26, LLC				
2.	(a) Principal office address of limited liability	company: 1 <u>1620</u>	ny: 11620 Wilshire Boulevard, 10th FL				
	(Note: MUST BE STREET ADDRESS)	Los Angeles	S CA 90025				
	(b) Mailing address of limited liability compar	y: <u>1162</u>	0 Wilshire Boule	vard, 10th FL			
	(Note: MAY BE POST OFFICE BOX)	Los Angeles	CA 90025				
- -	8/2/2007		M07000004691				
٥.	Date of filing/registration in Florida	4. Document	number				
5.	(a) Registered Agent and Registered Office sh	own on the records of t	he Florida Dept. o	of State:			
	Registered Agent:	CTCO	RPORATION SY	STEM			
	Registered Office Address:	1200 South Plantation F	Pine Island Road L 33324	20 P			
	(b) Enter name of NEW Registered Agent and NEW Registered Agent:	l/or <u>NEW Registered (</u> Incorp Servi	, i	TARY OF			
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESE)	17888 67th		STATE			
		Loxahatchee	<u>}</u> ;?*	L334P0			
and lial of or	he limited liability company is not organized un difference of the registered agent will- sility company, it is hereby confirmed that the of the members of the limited liability company of the operating agreement of the limited liability of the operating agreement of the limited liability of	der the laws of the State s, the Floridastreet add scridentical. Or, in the lange(s) was were authors of the is otherwise provided in ompany.	of Florida, it is heres of the register case of a Florida librized by an affirm a the articles of or	ereby red office imited iative vote ganization			
	TEVEN MARTINSON						
Prin	nted or (yped name of signee	. *					
I h con and Chi	ereby accept the appointment as registered age uply with the provisions of all statutes relative to I I am familiar with and accept the obligations of apter 108, F.S.) Or, if this document is being file tress, I hereby confirm that the limited liability of	nt and agree to act in ti o the proper and compl of my position as regist a to merely reflect a ch company has been notij	ils capacity. I fur ete performance d ered agent as prov lange in the regist lied in writing of t	ther agree to f my duties, iided for in ered office his change.			
\geq	Liset Robles on behalf of Inc	orp Services, Inc.					
0151	nature of Registered Agent						

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