H1100000 6147

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PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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SECRETARY OF STATE TALLARASSEE, FLORIDA

MAR 1 8 2015 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: RCC ASSET MANAGERS XI L.L.C.								
Name of Limited Liability Company Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Myra Simmons Name of Person								
Capitol Corporate Services, Inc. (Registered Agent Dept.) Firm/Company								
800 Brazos Ste 400								
Address								
Austin TX 78701								
City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Myra Simmons at (800) 345-4647								
Name of Person Area Code & Daytime Telephone Number								
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301								
Enclosed is a check for the following amount:								
\$25 Filing Fee \$ Certified Copy								
INHS18 (2/14)								



February 27, 2015

CAPITOL CORPORATE SERVICES, INC. PO BOX 1831 AUSTIN, TX 78767 US

SUBJECT: RCC ASSET MANAGERS XI L.L.C.

Ref. Number: M11000006147

We have received your document for RCC ASSET MANAGERS XI L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must state the principal office address in section 2(a).

You must state the mailing address in section 2(b).

You must state the current the registered agent information that is currently on file with this office in section 5(a).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 115A00004141

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

submit	ant to the provisions of sections 603.6 Is the following statement in order	0114 or ous.0110, to change its regi	riorida i stered oj	Statutes, in Ace or re	ie iindersigned iimite gistered agent, or b	ed Hability compan ooth, in the State o	у <u>f</u>
Florida 1. Na:	a. me of the Limited Liability Company:	RCC ASSET	MANA	SERS XI	L.L.C.		
2. (a)	100 Church Street	<u></u>	(b)	100 Church Street			.
()	Principal office address of limited in (Note: MUST BE STREET)		_ (9)		failing address of limited (Note: MAYBE POST		-
	New York, NY 10007			New Yo	ork, NY 10007		-
3,	12/8/2011 Date of filing/registration in	1 Florida	4.		Document number		0147
5. (a)	C T Corporation System Registered Agent and Registered Office show	wn on the records of th	e Florida D	opt, of State;	<u> </u>	-	
	1200 South Pine Island F					15 HAR	SECRE
	Plantation	, FL_	333	24	-	9	FLE HASSER
(b) Capitol Corporate Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered (PH 12: 3	D STAT SECORI
	155 Office Plaza Dr Ste A					,	DW.
	NEW Registered Office Address:		·				
•	Tallahassee	, FL	32301				
the oha agent v	imited liability company is not organing or changes are made, the Florida will be identical. Or, in the case of a lere authorized by an affirmative yote cless of organization at the operating	street address of t Florida limited liab of the members of	he registe bility con the limit	red office pany, it is ed liability	and the business off hereby confirmed the company or as othe	ice of the registered at the change(s)	l
Signa	ture of a member or a Mkorized representative	of a member	<u>M</u>	iche lle	AUSTN Printed or typed name of	f signeo	-
I here provist the obl to mere notified	by accept the appointment as register ons of all statutes relative to the prop ligations of my position as registered ely reflect a change in the registered d in writing of this change	red agent and agre ver and complete p agent as provided office address, I he	e to act to erformar for in Ch creby.com	n this capa ice of my d apter 605, firm that ti	city. I further agree lutles, and I am fami F.S. Or, if this doct he limited tlability co	to comply with the liar with and accep ument is being filea ompany has been	<i>t</i>
Signatu	ro of Registered Agent		-		t Secretary on ate Services, Inc	•	
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00