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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

(614)28C-3338

Fax Number (954) 208 - 0845 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:			

LLC REGISTERED AGENT CHANGE AMERICAN HOMES 4 RENT PROPERTIES SIX, LLC

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT:Name	of Limited Liability Company
Dear S	Sir or Madam:	
The en	nclosed Registered Agent/Registered Offic	te Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
	Name of Person	
	Firm/Company	<u> </u>
	Address	
	City/State and Zip Code	
	E-mail address: (to be used for future annu	al report notification)
For fu	rther information concerning this matter,	picase cail:
	Name of Person	at () Area Code & Daytime Telephone Number
	Name of Person	Area Code & Daytime Telephone Number
		MAILING ADDRESS:
	Registration Section Division of Corporations	Registration Section Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:
	□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHSI	8 (2/14)	

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.

Na	ame of the limited liability company: AMERICAN II	IOMES 4 RENT PE	ROPERTIES SIX, LLC
(a)	30601 Agoura Road Suite 200L Agoura Hills, CA 9130	\1	
(u) ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/22/2013		00001827
	Date of filing/registration in Florida	4.	Document number
(a)	NRAI SERVICES, INC		
	Registered Agent and Registered Office shown on the records	of the Florida Dept. o	f State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREE	<u>T ADDRESS)</u>	3 % (a)
	PLANTATION ,,	FL_33324	——————————————————————————————————————
(b)	Enter name of NEW Registered Agent and/or NEW Register C T Corporation System	ed Office address:	REPURATION
	NEW Registered Office Address:		
	1200 South Pine Island Road		. <u></u>
	Plantation, I	FL_33324	
e cha gent w as/we e arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member idea of organization or the operating agreement of the formula of a member of a	of the registered liability company s of the limited lia he limited liability	office and the business office of the register y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
herel covisi e obl merc otified	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, of in writing of this sharpe.	ngree to act in this ste performance of ided for in Chaptic I hereby confirm Alfred You ssistant Se	s capacity. I further agree to comply with to of my duties, and I am familian with and acco or 605, F.S. Or, if this document is being fil that the limited liability company has been INAN

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