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(Re	equestor's Name)				
(Address)					
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(Cir	ty/State/Zip/Phone	; #)			
PICK-UP	☐ WAIT	MAIL			
(Ві	usiness Entity Nan	ne)			
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				
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STORTAGE ARTHUR

FEB 0 2 2016

January 27, 2016

VIA US MAIL

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: CIGS II-6, LLC

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$25.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Andres Blanco REGISTERED AGENT SOLUTIONS, INC. 1701 Directors Blvd., Suite 300 Austin, TX 78744

COVER LETTER

Division of Corporations			
SUBJECT: CIGS II-6, LLC			
	Limited Lia	ability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office (Change and	fee(s) are submitted for fi	ling.
Please return all correspondence concerning this ma	atter to the f	ollowing:	
Andres Blanco			
Name of Person		_	
Registered Agent Solutions, Inc.			
Firm/Company	, -	_	
1701 Directors Blvd. Suite 300		_	
Address			2016 73.11.
Austin, TX 78744			1 AFA (5)
City/State and Zip Code		_	
orders@rasi.com			
E-mail address: (to be used for future annual	report notifi	cation)	
For further information concerning this matter, plea	ase call:		, 5
Andres Blanco	888	705-7274	
Name of Person		Area Code & Daytime	Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314	
Enclosed is a check for the following am	ount:		
☑ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified	Сору
INHS18 (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.

ame of the limited liability company: CIGS II-6, LLC						
		b)				
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (N	Aniling address of (Note: MAY B)	limited liabi E <i>POST OF I</i>	lity comp	oany:
5910 N. CENTRAL EXPRESSWAY, SUITE 1625,					_	
DALLAS, TX 75206	-					
05/29/2013		M130000	03375			
Date of filing/registration in Florida	4.		Document nur	mber		
Registered Agent and Registered Office shown on the records of the	e Florid	la Dept. of State	· :			
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1200 SOUTH PINE ISLAND ROAD						
PLANTATION ET 3	33324	1	•			
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Enter name of NEW Registered Agent and/or NEW Registered C	Mice A	ddress:	•	Just Hell Heller Age 1	ස්	er i i i isalir La constituta
Registered Agent Solutions, Inc.				right.	1	
NEW Registered Office Address:			•	· · _*		
155 Office Plaza Dr. Suite A				To seed	÷	14177
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Tallahassee FI.3	32301	I				
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John Hammill, Manager Printed or typed shows of the proper and complete performance of my position as registered agent as provided for in Chapter 605, F.S. Or, if it is the registered office address. I hereby confirm the registered office approach of in Chapter 605, F.S. Or, if it is the registered of the registered of office in Chapter 605, F.S. Or, if it is the registered of office approach of in Chapter 605, F.S. Or, if it is the registered of office approach of in Chapter 605, F.S. Or, if it is the registered of office approach of in Chapter 605, F.S. Or, if it is the registered office address. I hereby confirm that the limited the limited in the limited in the limited of the proper and complete performance of my duties. A thereby reflect a change in the registered office address. I hereby confirm that the limited the limited the confirmation of the proper and complete performance of my duties.	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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00