

ACCOUNT NO. : 072100000032

REFERENCE : 137846

5056396

AUTHORIZATION

COST LIMIT

ORDER DATE: February 17, 1999

ORDER TIME :

12:29 PM

ORDER NO. : 137846-760

100002785931--2

CUSTOMER NO: 5056396

CUSTOMER: Ms. Cheryl Goldschmitt

Aimco

1225 Eye Street, Nw

Suite 200

Washington, DC 20005

CHANGE OF AGENT

NAME:

SHELTER REALTY VI CORPORATION

OF SOUTH CAROLINA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

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BECEINED

Florida Department of State, Sandra B. Mortham, Secretary of State

* * * FILING FEE: \$35.00 * * *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.050 undersigned corporation organized under the laws of the	
submits the following statement in order to change its reg	
State of Florida.	CARDA AND CONTROL CARDOL TAX
1. The name of the corporation is: SHELTER REALTY VI C	ORPORATION OF SOUTH CAROLINA
2. The mailing address of the corporation is: 1873 Sout	h Bellaire Street. Denver, Colorado 80222-4300
	<u> </u>
3. Date of incorporation/qualification: January 28, 198	Document number: p04799
4. The name and address of the current registered agent ar	nd office:
C T Corporation System	
1200 South Pine Island Road	
Plantation, FL 33324	- FRS
5. The name and address of the new registered agent and	office: (P. O. BoxNot Acceptable)
Corporation Service Company	
1201 Hays Street	
Tallahassee, FL 32301	<u></u>
The street address of its registered office and the street agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted authorized by the board.	l by its board of directors or by an officer so
By: Church & Soldown	2/5/00
(Signature of an officer, chairman or vice chairman of the board	
Cheryl E. Goldschmitt -/Assistant Secretar	y 2/5/99
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept so corporation, I hereby accept the appointment as registe I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and coregistered agent.	erea agent ana agree to act in this capacity. Sutes relative to the proper and complete
Consekare	2.23.99
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	-
Carol K. Dolor	Asst. Vice President
(Typed or Printed Name)	(Capacity)

CR2E045(3/96)