

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000001827

**Entity Name:** AMERICAN HOMES 4 RENT PROPERTIES SIX, LLC

**Current Principal Place of Business:**

30601 AGOURA ROAD  
SUITE 200L  
AGOURA HILLS, CA 91301

**Current Mailing Address:**

30601 AGOURA ROAD  
SUITE 200L  
AGOURA HILLS, CA 91301 US

**FEI Number:** 80-0860173

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** NRAI SERVICES, INC.

04/19/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name VOGT-LOWELL, SARA  
Address 30601 AGOURA ROAD  
SUITE 200L  
City-State-Zip: AGOURA HILLS CA 91301

Title MANAGER  
Name SINGELYN, DAVID P.  
Address 30601 AGOURA ROAD  
SUITE 200L  
City-State-Zip: AGOURA HILLS CA 91301

Title MANAGER  
Name GOLDBERG, DAVID  
Address 30601 AGOURA ROAD  
SUITE 200L  
City-State-Zip: AGOURA HILLS CA 91301

Title MANAGER  
Name CORRIGAN, JOHN "JACK"  
Address 30601 AGOURA ROAD  
SUITE 200L  
City-State-Zip: AGOURA HILLS CA 91301

Title EXECUTIVE VICE PRESIDENT -  
PROPERTY OPERATIONS  
Name PALMER, WAYNE PALMER  
Address 30601 AGOURA ROAD  
SUITE 200L  
City-State-Zip: AGOURA HILLS CA 91301

Title VICE PRESIDENT - PROPERTY  
OPERATIONS  
Name REITER, JOSHUA  
Address 30601 AGOURA ROAD  
SUITE 200L  
City-State-Zip: AGOURA HILLS CA 91301

Title ASSISTANT VICE PRESIDENT -  
MAINTENANCE  
Name TIPTON-RASMUSSEN, ALAINA  
Address 30601 AGOURA ROAD  
SUITE 200L  
City-State-Zip: AGOURA HILLS CA 91301

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SARA VOGT-LOWELL

MANAGER

04/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date