MU5000003296

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528

HOLD FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

		104466
FILING & SEARCH		July 27, 2005
SERVICES		ORPORATION NAME (S) AND DOCUMENT NUMBER (S):
Gem	1111 1 2411	niami 2, LLC
Filing Evidence ☑ Plain/Confirmation Co	ру	Type of Document Certificate of Status
□ Certified Copy		☐ Certificate of Good Standing
		□ Articles Only
Retrieval Request Dhotocopy		 □ All Charter Documents to Include Articles & Amendments □ Fictitious Name Certificate
□ Certified Copy		□ Other
NEW FILINGS		AMENDMENTS
Profit		Amendment
Non Profit		Resignation of RA Officer/Director
Limited Liability	X	Change of Registered Agent
Domestication		Dissolution/Withdrawal
Other		Merger
OTHER FILINGS		REGISTRATION/QUALIFICATION
Annual Reports		Foreign
Fictitious Name	-	Limited Liability
Name Reservation		Reinstatement
Reinstatement		Trademark

Other

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. The name of the lim	ited liability company is:	Gemini Tamiami 2, LLC		
		mpany is : 16740 Birkdale o	Commons Parkway	
Suite 301, Huntersvil				
June 17, 2005		M05000003296		
3. Date of filing/registr	ation in Florida	4. Document nur	nber	
5. The name of the regis Florida Department o	f State: UCC Filing & Search	•	on the records of the	
	526 East Park Aven	Name ue		
	Tallahassee, FL 323	Address 101	•	
	City, S	State and Zip	OS TAL	
6. The name and address	s of the new registered age	ent and/or office:	THE T	
	Philip H. Ward, III		L27 L27 HASS	
	N c/o Ward, Damon & Posr	ame ner, P.A., 4420 Beacon Circle	SEE OF BE	
	Florida street address	(P.O. Box NOT acceptable)	8: 46 STATE FLORID	
	West Palm Beach	FL 33407	BA 6	
	City, Sta	ite and Zip		
If the limited liability confirmed that after the	mpany is not organized un change or changes are mad	nder the laws of the State of File, the Florida street address	lorida, it is hereby of the registered office	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

ANTONIA LODES
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00