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DEC 1 0 2012

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION : Q

COST LIMIT : \$ 25.00

ORDER DATE: December 5, 2012

ORDER TIME : 10:44 AM

ORDER NO. : 445710-136

CUSTOMER NO: 7691957

CHANGE OF AGENT

NAME: GEMINI TAMIAMI 2, LLC

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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. Name of the limited liability company: GEMINI TAMIA	AMI 2, LLC	
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 16740 Birkdale Commons Pkwy Ste 306 Huntersville NC 26078	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	16740 Birkdale Commons Pkwy Ste 306 Huntersville NC 26078	
06/17/2005	M05000003296	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of the:	7
Registered Agent:	NRAI Services Inc.	1
Registered Office Address:	515 E. Park Avenue Tallahassee FL 32301	, (5
		ني
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	-
NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address:	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the busine case of a Florida limited liability company, it is by an affirmative vote of the members of the lim	ss nited
(Signature of a member or authorized representative of a member)		
Maureen Cathell, Authorized Person (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm than the limited liability company has been notified.	agree to act in this capacity. I further agree to oper and complete performance of my duties, as as registered agent as provided for in Chapter change in the registered office address, I hereby d in writing of this change.	nd I 608,

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