M07000002128

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUN 15 2009

EXAMINER

COVER LETTER

TO:	ΓO: Registration Section Division of Corporations		
04:54	F.СТ: Gemini Brandon 6, LLC		
SUBJ	BO11	2.5.11(12)	
	Name of L	imited Liability Company	
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered C	office Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning	this matter to the following:	
	Nicole Parnell		
	Name of Person		
	Charles Baclet and Associates,	Inc.	
	Firm/Company		
	2875 Michelle Drive, Suite 10	00	
	Address	,,,	
	Irvine, CA 92606		
	City/State and Zip Code		
	0.0,7.0.a.d a.i.a 2.1p 20ab		
	nnarnell@chaclet.com		
E-	nparnell@cbaclet.com -mail address: (to be used for future annual report n	otification)	
For fu	rther information concerning this matte	er, please call:	
	Nicole Parnell	at (949) 955-9585	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301		
	Enclosed is a check for the following	g amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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 Brandon 6	6, LLC
2. (a) Principal office address of limited liability company:	16740 Birkdale Commons Parkway
-[√] (<u>Note: MUST BE STREET ADDRESS</u>)	Suite 301
	Huntersville, NC 28078
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
4/40/0007	M0700000120
4/12/2007 3. Date of filing/registration in Florida	M07000002128 4. Document number
5. Date of filling/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Dante A. Massaro
Registered Office Address:	32 Hannah Cole Drive
registered Office Address.	St. Augustine, FL 32080
(b) Enter name of NEW Registered Agent and/or NEW	
NEW Registered Agent:	NRAI Services, Inc.
NEW Registered Office Address:	2731 Executive Park Drive
(MÜST BE FLORIDA STREET ADDRESS)	Suite 4 Weston ,FL33331
	Weston ,FL33331
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member of authorized representative of a member Jose Castellanos, Authorized Person	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative voice wise provided in the articles of organizations
Printed or typed name of signee	
Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or lif this document is being filed to mer address. Thereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

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