## 1107000002674

<u> </u>	(Requestor's Name)				
(Address)					
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

JUN 15 2009

**EXAMINER** 

## **COVER LETTER**

то:	_	tration Section ion of Corporations						
SUB	JECT:	Gemini Brandon 17, LLC Name of	Limited	l Liabil	itv C	Company		
						· · · · · · · · · · · · · · · · · · ·		
Dear	Sir or M	1adam:						
The e	nclosed	Registered Agent/Registered	Office (	Change	and	fee(s) are submitted for	or filing.	
Pleas	e return	all correspondence concerning	g this m	atter to	the	following:		
		Nicole Parnell						
		Name of Person						
	Ch	narles Baclet and Associates	s, Inc.		_		SECRETA	
		2875 Michelle Drive, Suite	100				09 JUN 12 PH 2: 49 SECRETARY OF STATE SECRETARY OF STATE FALLAHASSEE, FLORID	1
		Irvine, CA 92606					TATE ORIDA	
		City/State and Zip Code						
<del></del>	≳-mail add	nparnell@cbaclet.com	notification	on)	<del></del>			
For fi	urther in	nformation concerning this ma	tter, plea	ase call	:			
		Nicole Parnell	at (	949	_)_	955-9585		
		Name of Person			Area	Code & Daytime Telephone N	lumber	
	Regist Divisi Clifto 2661	tration Section ion of Corporations n Building Executive Center Circle nassee, Florida 32301		Reį Div P.C	gistra vision ), Bo	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314		
	Enclo	osed is a check for the follow	ing amo	ount:				
	<b>✓</b> \$2	5 Filing Fee		☐ \$ <i>5</i>	55 Fi	ling Fee & Certified C	ору	

## 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	17, LLC		
2. (a) Principal office address of limited liability company	16740 Birkdale Commons Parkway		
(Note: MUST BE STREET ADDRESS)	Suite 301 Huntersville, NC 28078		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	750		
5/11/2007	M07000002674		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State?		
Registered Agent:	Dante A. Massaro		
Registered Office Address:	32 Hannah Cole Drive St. Augustine, FL 32080		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW</u> Registered Agent:  NEW Registered Office Address:	NRAI Services, Inc.  2731 Executive Park Drive		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Suite 4		
	Weston ,FL 33331		
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise 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	- -		
Signature of a member or authorized representative of a member  Jose Castellanos, Authorized Person	- -		
Signature of a member or authorized representative of a member  Jose Castellanos, Authorized Person  Printed or typed name of signee	-		
Signature of a member or authorized representative of a member  Jose Castellanos, Authorized Person	-		

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