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(Re	equestor's Name)				
(Address)					
(Ac	ldress)	 			
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Bu	usiness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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D. SCOTT MAR. 3 2017



CSC - WILMINGTON Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: February 28, 2017

Order#: 520228-018

Re: GEMINI CAPITAL GROUP, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX___ Check in the amount of \$25__.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

, .	180 S. Broadway Ste 406		(b)		
	Principal office address of limited (Note: MUST BE STREET)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	White Plains, NY	10605			
,	02/15/2012			M120000	
	Date of filing/registration	in Florida	4.		Document number
(a)	C T CORPORATION SYSTEM	l			
	Registered Agent and Registered Office sl	hown on the records of	of the Florida I	Dept. of Sta	te:
	1200 SOUTH PINE ISLAND RO	AD			
	Registered Office Address (MUST BE	E FLORIDA STREET	T ADDRESS)		_
		·			_
	PLANTATION	, F	FL <u>33324</u>	 	
					707 7
)) .	Corporation Service Company	1/ NIFCER/ 15 * 4	1000 13		- 25
	Enter name of <u>NEW Registered Agent</u> ar	nd/or NEW Register	ed Office addi	ress:	題書工
	1201 Have Street				- 2 P
	1201 Hays Street NEW Registered Office Address:	····			
	registered office radiess.				
					- 25
			,		52
	Tallahassee	, F	EL 32301		
hai t w we	nge or changes are made, the Florid IL be identical. Or, in the case of	da street address on a Florida limited the of the members	of the regist liability con s of the limit	ered offic npany, it i ted liabili	dorida, it is hereby confirmed that after the eard the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in the mpany.
	Xel Culm	<u>u </u>	Jill Ci	ilmi, Autho	orized Person
	prof amember or authorized representati				Printed or typed name of signee
rę b	y accept the appointment as regist mo of all statutes relative to the pr	tered agent and a poper and completed	gree to act i le performa	n this cap nce of my	pacity. I further agree to comply with duties, and I am familiar with and acc 5, F.S. Or, if this document is being fi the limited liability company has bee

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