1.0400007/515

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(0.3), 0.0000_1,						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
0-40-40-4-50-4-						
Certified Copies Certificates of Status						
Special Instructions to Eiling Officer						
Special Instructions to Filing Officer:						
A. LUNT						

Office Use Only

JUN 1 5 2009

EXAMINER



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PILED
2009 JUN 12 AM 9: 17
SECRETARY OF STATE

COVER LETTER

	Registration Section Division of Corporations						
SUBJE						<u>.</u>	
	Name of	Limited	l Liabil	ity Co	ompany		
Dear Sir	or Madam:						
The enc	losed Registered Agent/Registered	Office (Change	and f	ee(s) are submitted for	r filing.	
Please r	eturn all correspondence concernin	g this m	atter to	the fo	ollowing:		
	Nicole Parnell			_		SECRE	2009 JUN 12
	Name of Person					IAI AS	
						333	
	Charles Baclet and Associate	s, Inc.				무무	=
	Firm/Company			_		07 212	<u>ب</u>
						35	
	2875 Michelle Drive, Suite	100				A	_
	Address	100		_			
	Irvine, CA 92606						
	City/State and Zip Code			_			
	nnarnell@chaclet.com						
E-m	nparnell@cbaclet.com ail address: (to be used for future annual repor	t notificati	on)	_			
E 6 4		1	11				
For furt	her information concerning this ma	itter, ple	ase call	:			
	Nicole Parnell	at (_	949	_)	955-9585		
	Name of Person			Area Co	ode & Daytime Telephone N	umber	
,	STREET/COURIER ADDRESS:		MA	JLIN	G 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						
1	Enclosed is a check for the follow	ing am	ount:				
Г	7 \$25 Filing Fee			S Fili	na Fee & Cartified Ca	nn.	

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.

Name of the limited liability company:Gemini Rance	h Lake 5, LLC				
2. (a) Principal office address of limited liability company					
(Note: MUST BE STREET ADDRESS)	Suite 301				
(Huntersville, NC 28078				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)					
40/4/0004	L04000071515 LCC 9				
10/4/2004 2. Data of filing/registration in Florida					
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 Desi-of State:				
Registered Agent:	Dante A. Massaro ☐ ☐ ☐				
	ک یو کی				
Registered Office Address:	32 Hannah Cole Drive St. Augustine, FL 32080				
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	NRAI Services, Inc. 2731 Executive Park Drive Suite 4				
(MOST BE PEOKIDA STREET ADDRESS)	Weston ,FL33331				
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 identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	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				
Jose Castellanos, Authorized Person					
Printed or typed name of signee	-				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to sper 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.				
Signature of Registered Agent Louie Tamantini, Vice President					

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