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(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
JUN 1 5 2009				
EXAMINER				

Office Use Only



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SECRETARY OF STATE
TALL AHASSEF FLORID.

FILED

COVER LETTER

_	on of Corporations					
SUBJECT: _	Gemini Ranch Lake 8 Ll	_C				
_	Name of	Limited	Liabili	ity Company	/	
Dear Sir or M	adam:					
The enclosed	Registered Agent/Registered	Office C	hange	and fee(s) a	re submitted f	or filing.
Please return	all correspondence concernin	g this ma	tter to	the followin	ıg:	
	Nicolo Darnall					200 TAI
	Nicole Parnell Name of Person			_		10 J
						JUN 12 RETARY AHASSE
Oh	aulaa Daalat aud Aasasista	- !				12 (SS)
Cn:	arles Baclet and Associate Firm/Company	s, inc.		_		mo 🕦
	1 mile Company					
_						2009 JUN 12 AM 8: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDI
	2875 Michelle Drive, Suite	100		_		
	Address					
	Irvine, CA 92606			_		
	City/State and Zip Code					
E-mail addr	nparnell@cbaclet.com ess: (to be used for future annual report	notification	1)			
For further in	formation concerning this ma	tter, plea	se call	:		
	Nicole Parnell	at (949)	955-9585	i
	Name of Person			Area Code & Da	aytime Telephone	Number
STRF	ET/COURIER ADDRESS:		МΔ	ILING ADD	RFSS.	
	ration Section			istration Sect		
	on of Corporations			ision of Corp		
	n Building			. Box 6327		
	Executive Center Circle		Tall	ahassee, Flor	ida 32314	
Tallah	assee, Florida 32301					
Enclo	sed is a check for the follow	ing amo	unt:			
✓ \$25	5 Filing Fee		□ \$5	5 Filing Fee	& Certified (Сору

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BÖTH 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 Rane	ch Lake 8 LLC
2. (a) Principal office address of limited liability compan	y: 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)	
10/4/2004	L04000071788
3. Date of filing/registration in Florida	1 Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dep of State:
Registered Agent:	Dante A. Wassard
Registered Office Address:	32 Hannah Cole Drive
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: NRAI Services, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive Suite 4 Weston ,FL33331
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability 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	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise 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 comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pc Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirmment the limited liability company. Signature of Registered Agent I am Tampatic Vice President	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.

Louie Tamantini, Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00