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SECRETARY OF STATE
ALLAHASSEE, FIORIE

D. BRUCE

JUN 15-2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Gemini Tamiami 6,	LLC Name of Limited	Liability C	ompany		
~ ~ ~		-			
Dear Sir or Madam:					
The enclosed Registered Agent/	Registered Office Cl	hange and	fee(s) are subm	itted for filing.	
Please return all correspondence	concerning this mat	tter to the t	following:		
Name of Person					
rame or ren	OH.				
Charles Baclet and A					
гии/сопра	y			F.	
	5 II 100			09 JUN 12 AM 8: 23 SECRETARY OF STATE ALLAHASSEE, FLORIDA) }
2875 Michelle Dri	<u>/e, Suite 100</u>				***
Address				AR ASS	-
				EX.	1
Irvine, CA					
City/State and Zip Code \bigcirc		STA.			
				23 RDF	
nparnell@cba E-mail address: (to be used for future	clet.com			A	
E-mail address: (to be used for future	annual report notification)			
For further information concerns	ng this matter, pleas	se call:			
Nicole Parnell	at (949)_		-9585	
Name of Person		Area (Code & Daytime Tel	ephone Number	
STREET/COURIER AD	DRESS:	MAILIN	G ADDRESS:		
Registration Section					
Division of Corporations			of Corporations		
Clifton Building		P.O. Box			
2661 Executive Center Circ Tallahassee, Florida 32301	ile	I allahas:	see, Florida 3231	4	
Enclosed is a check for	the following amou	ınt:			
\$25 Filing Fee	1	\$55 Fil	ing Fee & Certi	ified 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 Tamiami	6, 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)				
6/17/2005	M05000003300			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on t	the 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>NEW NEW</u> Registered Agent:	NRAI Services, Inc.			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park DEVe			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.				
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 proving and I am familiar with and accept the obligations of my pose 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 per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.			
Signature of Registered Agent Louis Tamantini, Vice President				

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