M05000003301

(Red	questor's Name)	
(Add	dress)	· · · · · · · · · · · · · · · · · · ·
(r iai	u i coo,	
(Add	dress)	
(City	y/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
. (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200074243342

ECRETARY OF STATE

RECEIVED



ACCOUNT NO. : 072100000032 REFERENCE 7417111 AUTHORIZATION (COST LIMIT ORDER DATE: May 31, 2006 ORDER TIME : 1:01 PM ORDER NO. : 144802-240 CUSTOMER NO: 7417111 CHANGE OF AGENT NAME: GEMINI TAMIAMI 7, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS:

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. The name of the limite	d liability company	is: GEMINIT	'AMIAMI 7, LLC	•	
2. The mailing address of	f the limited liability	company is:			
16740 Birkdale Commons Pk	wy., Suite 301, Huntersv	ille, NC 28078			
06/17/2005			M05000003301		
3. Date of filing/registrat	ion in Florida		4. Document n	umber	
5. The name of the register Florida Department of		gistered offic	e address as show	n on the records of the	
	Phili	p H. Ward, III,	Esq.		
		Name		_	
	44	120 Beacon Circ	:le	<u>~</u>	
Address For For					
		Palm Beach, FL y, State and 2		- FG = -	
	,	• /	•	超して	
6. The name and address	of the new registered	agent and/or	office:	SSE2 or M	
	Corpora	tion Service Co	mpany	TALLAHASSEE, FLORID	
		Name		- 25	
		01 Hays Street		品が	
	Florida street addre	ess (P.O. Box	: NOT acceptable	i) 7*	
	Tallahassee	FL	32301		
	City,	, State and Zi	p		
If the limited liability come confirmed that after the cland the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or authority)	nange or changes are the registered agent reby confirmed that the hited liability compart of the limited liabil	made, the Fl will be identi he change(s) ny or as other lity company	orida street addreg cal. Or, in the cal was/were authori wise provided in	ss of the registered office	
Dante Massaro, Vice Presiden	t				
(Printed or typed name of signee)			-		
I hereby accept the appoi comply with the provision and I am familiar with an Chapter 608, F.S. Or, if t address, I hereby confirm	ntment as registered s of all statutes relat d accept the obligation his document is bein that the limited liqbi	agent and a ive to the pro ons of my pos g filed to men lity company	ree to act in this per and complete lition as registere ely reflect a chan has been notified	capacity. I further agree to performance of my duties, d agent as provided for in uge in the registered office I in writing of this change.	
(Signature of Registered Agent)	Augueline M. Giles, AVI	1)			

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