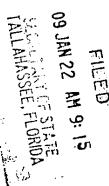
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(Requestor's Name)			
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TO ACKNOWLEDGE

DEPARTMENT OF STATE DIVISION OF CORPORATION

B. KOHR

JAN 2 3 2009

**EXAMINER** 



CORPORATION SERVICE COMPANY ACCOUNT NO. : 072100000032

REFERENCE: 865599 7527156

AUTHORIZATION : C

COST LIMIT

ORDER DATE: January 21, 2009

ORDER TIME : 12:31 PM

ORDER NO. : 865599-155

CUSTOMER NO: 7527156

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: GEMINI TAMIAMI H, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

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.	Name of the limited liability company: GEMINI TAMIAMI H, LLC		
2. (a) Principal office address of (Note: MUST BE STRE		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)	09 1
_0	6/2:	3/2005	M05000003448
3.	Dat	te of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the rec		Registered Agent and Registered Office shown on	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 Registered Office address</u> :			
		NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address:		1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)		(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
tha off he lia lin	at af fice reby bilit nited	timited liability company is not organized under the lefter the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.  The of a member or authorized representative of a member)	t address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited
	-	·	
	ante rinted	e Massaro or typed name of signee)	<del></del>
13	٧.	by accept the appointment as registered agent and a with the provisions of all statutes relative to the provision of all statutes relative to the provision with and accept the obligations of my position or, if this document is being filed to merely reflect a continuous the inited liability company has been notified or poration Service of Ompany.  The of Registered Agent' Amy Gudgel, Asst. V.P.	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.

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