## m05000003448

,		
(Re	questor's Name)	
(Add	dress)	
·	,	
(Add	dress)	
(City	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I		
	A. LI	JNT
	JUN 15	2009

**EXAMINER** 

Office Use Only



300157051373

300157051373 06/12/05--01054--001 \*\*2600.00

TALLAHASSEE FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Gemini Tamiami H, LLC  Name of Lim	ited Liability Company
Dear Sir or Madam:	
Dear Sir or Madam.	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Nicole Parnell	
Name of Person	
Charles Baclet and Associates, In	2009 7.\Li
Firm/Company	<u> </u>
2875 Michelle Drive, Suite 100	C. AHARREE AN
Irvine, CA 92606 City/State and Zip Code	8: 30 Sr. 00
nparnell@cbaclet.com E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter,	please call:
Nicole Parnell a	949 ) 955-9585
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	amount:
\$25 Filing Fee	\$55 Filing Fee & Certified 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.

agem, or both, in the state of 1 to tala	
1. Name of the limited liability company: Gemini Tamiami H	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)	2009 TĂLI
6/23/2005	M05000003448
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	· · · · · · · · · · · · · · · · · · ·
Registered Agent:	Corporation Service Company 😅
Registered Office Address:	1201 Hays Street
	Tallahassee, FL 32301-2525
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> :	W Registered Office address:  NRAI Services, Inc.
<b>NEW</b> Registered Office Address:	2731 Executive Park Drive
(MUST BE FLORIDA STREET ADDRESS)	Suite 4 Weston ,FL 33331
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 ident 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	lorida 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 province and I am familiar with and accept the obligations of my po Chapter 608, F.S. On, if this document is being filed to me address, I hereby confirm the the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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