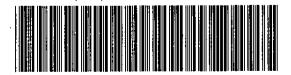
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PARTMENT OF STATE

N. Outligan DEC 1 0 2012



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 120000001	195
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REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 5, 2012

ORDER TIME : 10:42 AM

ORDER NO. : 445710-131

CUSTOMER NO: 7691957

CHANGE OF AGENT

NAME: GEMINI TAMIAMI H, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

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 TAMI	IAMI H, LLC
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 16740 Birkdale Commons Pkwy Ste 306 Huntersville NC 26078
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	16740 Birkdale Commons Pkwy Ste 306 Huntersville NC 26078
06/23/2005	M05000003448
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	
Registered Agent:	NRAI Services Inc.
Registered Office Address:	515 E. Park Avenue Tallahassee FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
(MUST BE FLURIDA STREET ADDRESS)	Tallahassec ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company, it is
Maureen Cathell, 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 p am familiar with and accept the obligations of my positio F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been matifully.	agree to act in this capacity. I further agree to proper and complete performance of my duties, and I may registered agent as provided for in Chapter 608, a change in the registered office address, I hereby gd in writing of this change.
(Signature of Registered Agent) Corporation Service Company	Sarah Wright Asst Vice President

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