M0500003450

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CORPORATION SERVICE COMPANY

ACCOUNT	NO.	:	I2000000195
******	110.	•	

REFERENCE : 445710 76919

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: December 5, 2012

ORDER TIME : 10:48 AM

ORDER NO. : 445710-148

CUSTOMER NO: 7691957

CHANGE OF AGENT

NAME: GEMINI TAMIAMI 8, 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. N	ame of the limited liability company: GEMINI TAMIA	MI 8, LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	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
06/2	23/2005	M05000003450
3. D	ate of filing/registration in Florida	1. Document number
5. (a	a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
	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>NEW NEW Registered Agent</u> :	V Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		Tallahassee ,FL 32301
that a office hereb liabil limit	e limited liability company is not organized under the lafter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the capy confirmed that the change(s) was/were authorized bity company or as otherwise provided in the articles of a liability company. The of a member or authorized representative of a member) recn Cathell, Authorized Person ed or typed name of signee)	aws of the State of Florida, it is hereby confirmed address of the registered office and the business se of a Florida limited liability company; it is an affirmative vote of the members of the fifthited
I her compan for F.S. confi	reby accept the appointment as registered agent and a ply with the provisions of all statutes relative to the pro- with and accept the obligations of my position. Or, if this document is being filed to merely reflect a comment in the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608 hange in the registered office address, I hereby in writing of this change. Sarah Wright, Asst. Vice President

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

INHS18 (05/08)