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(Requestor's Name)		
(Address)		
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(Cit	ty/State/Zip/Phone	#)
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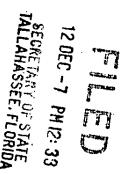
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EXAMINER



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DEPARTMENT OF STATE

12 DEC -7 PH 4: 24





RPORATION SERVICE COMPANY'

ACCOUNT NO. : I2000000195

REFERENCE : 445710 7691957

AUTHORIZATION : (

COST LIMIT

ORDER DATE: December 5, 2012

ORDER TIME: 10:52 AM

ORDER NO. : 445710-164

CUSTOMER NO: 7691957

CHANGE OF AGENT

NAME: GEMINI TAMIAMI 16, 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.

IAMI 16, LLC
ny: 16740 Birkdale Commons Pkwy Ste 306 Huntersville NC 26078
16740 Birkdale Commons Pkwy Ste 306 Huntersville NC 26078
M05000004032
4. Document number
n the records of the Florida Dept. of States
NRAI Services Inc.
515 E. Park Avenue Tallahassee FL 32301
EW Registered Office address: Corporation Service Company
1201 Hays Street
Tallahassee ,FL 32301
e laws of the State of Florida, it is hereby confirmed eet address of the registered office and the business case of a Florida limited liability company, it is d by an affirmative vote of the members of the limited s of organization or the operating agreement of the

Thereby accept the appointment as registered agent and agree to act in this capacity. I juriner agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified 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