## M05000004034

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J. SAULSBERRY EXAMINER DFC 10 2012



C D	RPBI	RATION	SERVICE	COMPANY'

ACCOUNT	NO.	:	120000000195

REFERENCE : 445710 7691957

AUTHORIZATION : (

COST LIMIT :

ORDER DATE: December 5, 2012

ORDER TIME : 10:53 AM

ORDER NO. : 445710-168

CUSTOMER NO: 7691957

## CHANGE OF AGENT

NAME: GEMINI TAMIAMI 18, 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 TAMIAN	11 18, LLC
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	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
07/21/2005	M05000004034
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	NRAI Services Inc.
Registered Office Address:	Tallahassee FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	Registered Office address:  Corporation Service Company
(MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street  Tallahassee ,FL 32301
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cashereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)	address of the registered office and the business se 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 ag comply with the provisions of all statutes relative to the prop am familiar with and accept the obligations of my position a F.S. Or, if this document is being filed to merely reflect a ch confirm that the limited liability company has been notified	ree to act in this capacity. I further agree to per and complete performance of my duties, and I is registered agent as provided for in Chapter 608, nange in the registered office address, I hereby in writing of this change.

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

Sarah Wright, Asst. Vice President

INHS18 (05/08)

(Signature of Registered Agent) Corporation Service Company