## M0500000 6069

(Requestor's Name)
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SFCRETARY OF STATE



ON SERVICE COMPANY.							
	ACCOUNT NO.	:	072100000032	-			
	REFERENCE	:	144802 7417111				
	AUTHORIZATION	:	Spelle ble man	<u>ر</u>			
	COST LIMIT	:	\$ 25.00				
ORDER DATE :	May 31, 2006						
ORDER TIME :	:59 PM	,		,			
ORDER NO. :	144802-085			THE THE T			
CUSTOMER NO:	7417111						
				·····			
CHANGE OF AGENT							
				Onlog			
NAME:	GEMINI BOYNTO	N B	EACH S, LLC	,			
	•			•			
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILING:				
	FIED COPY STAMPED COPY.						
CONTACT PERSON	N: Sara Lea						

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. The name of the limited	d liability company i	s: GEMINI	BOYNTON BEACH S,	LLC			
2. The mailing address of	the limited liability	company is	:				
16740 Birkdale Commons Pky	vy., Suite 301, Huntersvi	lle, NC 28078					
10/31/2005			M05000006069				
3. Date of filing/registration	on in Florida		4. Document nur	mber			
5. The name of the registe Florida Department of S	red agent and the reg State:	gistered offic	e address as shown	on the records of the			
		ed Agent Solut	ions, Inc.	CR CL			
		Name		是少人			
	133	33 N. Duval St	reet	Six			
	m ti	Address	2202				
		ahassee, FL 32 y, State and		· 65 2			
6. The name and address of	•		•	A DE LOS CONTRACTOR DE LOS CON			
	Corporat	tion Service Co	ompany				
Name							
1201 Hays Street							
Florida street address (P.O. Box NOT acceptable)							
	Tallahassee	FL	32301				
	City,	State and Z	ip				
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or authority)	tange or changes are the registered agent beby confirmed that the little liability compart of the limited liabil	made, the F will be ident he change(s ny or as othe ity company	lorida street address tical. Or, in the case was/were authorize	of the registered office of a Florida limited ed by an affirmative vote			
Dante Massaro, Vice President	,						
(Printed or typed name of signee)			<b>=</b>				
I hereby accept the appoint comply with the provision, and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered s of all statutes related accept the obligation is being that the limited liabi	agent and a ive to the prons of my po g filed to me lity compan	gree to act in this co oper and complete p sition as registered rely reflect a chang y has been notified i	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.			
(Signature of Registered Agent)	acqueline M. Giles, AVI	<u>,                                     </u>					

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