## M05000006069

(Requestor's Name)				
(Address)				
<i>(</i> ,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
— — — —				
(Business Entity Name)				
(Document Number)				
Codification of Chatra				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE ASION OF CORPORATIONS

T. HAMPTON

JUN 1 5 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Co					
SUBJECT: Gemini B	oynton Beach S, LLC				
	Name of L	Limited Li	iability Com	pany	
Dear Sir or Madam:					
The enclosed Registere	ed Agent/Registered C	Office Cha	inge and fee(	s) are submitted fo	or filing.
Please return all corres	pondence concerning	this matte	er to the follo	owing:	
	Nicole Parnell				
	Name of Person				
Charles Baclet and Associates, Inc.					
	-ини/сопирану				
2875 Michelle Drive, Suite 100 Address					
-	vine, CA 92606 /State and Zip Code				
npar E-mail address: (to be u	nell@cbaclet.com sed for future annual report n	otification)	<del></del>		
For further information	n concerning this matte	er, please	call:		
Nicole		_ at ( <u>9</u>	49 )	955-9585	
Name of I	Person		Area Code	& Daytime Telephone N	lumber
STREET/COU	RIER ADDRESS:		MAILING A	ADDRESS:	
Registration Section			Registration Section		
	Division of Corporations Division of Corporations				
	Clifton Building P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32314				
Tallahassee, Flo	rida 32301			• •	
Enclosed is a	check for the followin	ig amoun	ıt:		
\$25 Filing F	ee	Г	\$55 Filing	Fee & Certified C	ору

## 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 Boynton Be	ach S, LLC				
2. (a) Principal office address of limited liability company	16740 Birkdale Commons Parkway				
_ <del>  √   _</del> ( <u>Note: MUST BE STREET ADDRESS</u> )	Suite 301 Huntersville, NC 28078				
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
	M05000006069  4. Document number				
5. (a) Registered Agent and Registered Office shown on t	·				
Registered Agent:	Corporation Service Company				
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301-2525				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					
NEW Registered Agent:	NRAI Services, Inc.				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive Suite 4				
(MOST BE TECKTOTISTICES TOOKESS)	Weston ,FL33331				
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  Signature of a member or authorized representative of a member  Jose Castellanos, Authorized Person	orida street address of the registered office ical. Or, in the case of a Florida limited SEE was/were authorized by an affirmative votes wise provided in the articles of organization of FOR ATIO				
Printed or typed name of signee  I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the product and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to met address, I hereby confirm that the limited liability company  Signature of Registered Agent Louie Tamantini, Vice President	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 F1LING FEE: \$25.00