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DEPARTMENT OF STATE

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APPROVED AND FILED

D. BRUCE

DEC 10 2012

EXAMINER

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 445710 769195

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 5, 2012

ORDER TIME : 10:40 AM

ORDER NO. : 445710-032

CUSTOMER NO: 7691957

## CHANGE OF AGENT

NAME: GEMINI BOYNTON BEACH S, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

SECKETARY OF STALE SALLAHASSEE, FLORID

APPROVE

## 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.

16740 Birkdale Commons Parkway Ste 300 Huntersville NC 28078	
16740 Birkdale Commons Parkway Ste 306 Huntersville NC 28078	
M05000006069	
. Document number	
ne records of the Florida Dept. of State:	
NRAI Services Inc.	
515 E. Park Avenue	
ASSE ASSE	
Registered Office address:	
Corporation Service Company	
1201 Hays Street	
Tallahassee ,FL 32301	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Maure	en Cath	ell, Aut	horized	Person

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further 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. (Ir. I) 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 ratified 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

APPROVE AND FILED