M05000006374

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J. SAULSBERRY EXAMINER

ner 10 2012



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE

museeman

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : December 5, 2012

ORDER TIME : 10:54 AM

ORDER NO. : 445710-280

CUSTOMER NO: 7691957

CHANGE OF AGENT

NAME: GEMINI BOYNTON BEACH 1, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

2012 DEC -7 AM 8.

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: GEMII	NI BOYNTON BEACH I, LLC
2. (a) Principal office address of limited liability (<i>Note: MUST BE STREET ADDRESS</i>)	company: 16740 Birkdale Commons Pkwy Ste 306 Huntersville NC 26078
(b) Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	ny: 16740 Birkdale Commons Pkwy Ste 306 Huntersville NC 26078
11/17/2005	M05000006374
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sh	nown on the records of the Florida Dept. of State:
Registered Agent:	NRAI Services Inc.
Registered Office Address:	515 E. Park Avenue Tallahassee FL 32301
(b) Enter name of <u>NEW Registered Agent</u> an <u>NEW</u> Registered Agent:	d/or NEW Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	Tallahassee ,FL 32301
that after the change or changes are made, the Floroffice of the registered agent will be identical. Or hereby confirmed that the change(s) was/were autiability company or as otherwise provided in the alimited liability company. (Signature of a member or authorized representative of a member) Maureen Cathell, Authorized Person	nder the laws of the State of Florida, it is hereby confirmed rida street address of the registered office and the business, in the case of a Florida limited liability company, it is horized by an affirmative vote of the members of the limited articles of organization or the operating agreement of the
(Printed or typed name of signee)	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, and I position as registered agent as provided for in Chapter 608, reflect a change in the registered office address, I hereby n notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Sarah Wright, Asst. Vice President

FILING FEE: \$25.00

ered Agent) Corporation Service Company