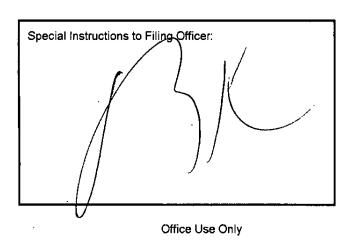
M05000006375

(Requestor's Name)					
(A	ddress)	· · · · · · · · · · · · · · · · · · ·			
(A	ddress)				
(C	ity/State/Zip/Phone #))			
PICK-UP	☐ WAIT	MAIL			
(В	usiness Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			





700075718327



SECRETARY OF STATE



ACCOUNT NO. : 07210000032 REFERENCE : 1 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: May 31, 2006 ORDER TIME : :59 PM ORDER NO. : 144802-040 CUSTOMER NO: 7417111 CHANGE OF AGENT NAME: GEMINI BOYNTON BEACH 2, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: 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 is	s: GEMINI B	OYNTON BEACH 2,	LLC .	
2. The mailing address of	the limited liability	company is:		•	
16740 Birkdale Commons Pkv	vy., Suite 301, Huntersvi	lle, NC 28078			
11/17/2005			M05000006375		
3. Date of filing/registrati	on in Florida		4. Document nu	ımber	
5. The name of the registe Florida Department of S		sistered office	address as shown	on the records of the	
-	Registere	ed Agent Solutio	ons, Inc.	_	
		Name		- 120	
1333 N. Duval Street					
Address					
Tallahassee, FL 32303 City, State and Zip				CRETARY CARACSSE	
	•		•	SEX	
6. The name and address of	the new registered	agent and/or	office:		
Name 1333 N. Duval Street Address Tallahassee, FL 32303 City, State and Zip 6. The name and address of the new registered agent and/or office: Corporation Service Company Name					
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
Florida street address (P.O. Box NOT acceptable)					
	Florida street addre	ess (P.O. Box	NOT acceptable)		
•	Tallahassee	FL	32301		
	City,	State and Zip)		
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limit or the operating agreemen (Signature of a member or authority)	ange or changes are the registered agent veby confirmed that the little distribution of the limited liabil	made, the Flowill be identi- he change(s) by or as other ity company.	orida street address cal. Or, in the case was/were authorize	s of the registered office e of a Florida limited red by an affirmative vote	
Dante Massaro, Vice President					
(Printed or typed name of signee)					
(Seguelu	ntment as registered s of all statutes relatiful accept the obligation is document is being that the limited liabiful acqueline M. Giles, AVF	ledo	ree to act in this c per and complete ition as registered ely reflect a chang has been notified	capacity. I further agree to performance of my duties, agent as provided for in see in the registered office in writing of this change.	

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