M0500006375

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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EXAMINER

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2. HAWKES

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	JECT: Gemini Boynton Beach 2,		Liability Company
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registe	ered Office Cl	ange and fee(s) are submitted for filing.
Please	e return all correspondence conce	rning this mat	ter to the following:
	Nicole Parnell		
	Name of Person		
	Charles Baclet and Assoc	ates, Inc.	
	ritteCompany		
	2875 Michelle Drive, Su Address	ite 100	
	Irvine, CA 92606 City/State and Zip Code	···-	
F	nparnell@cbaclet.c	om report notification	
For fi	urther information concerning this	matter, pleas	e call:
	Nicole Parnell	at (949) 955-9585
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS	:	MAILING ADDRESS:
	Registration Section Division of Corporations		Registration Section Division of Corporations
	Clifton Building		P.O. Box 6327
	2661 Executive Center Circle		Tallahassee, Florida 32314
	Tallahassee, Florida 32301		, , , , , , , , , , , , , , , , , , , ,
	Enclosed is a check for the fol	lowing amou	nt:
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy

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	Beach 2, LLC				
2. (a) Principal office address of limited liability company	0				
(Note: MUST BE STREET ADDRESS)	Suite 301 Huntersville, NC 28078				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)					
11/17/2005	M05000006375				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	Dante A. Massaro				
Registered Office Address:	32 Hannah Cole Drive St. Augustine, FL 32080				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	NRAI Services, Inc. 2731 Executive Park Drive				
(MUST BE FLORIDA STREET ADDRESS)	Suite 4 Weston ,FL33331				
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					
Jose Castellanos, Authorized Person					
Printed or typed name of signee	-				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to me address, I bereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.				
day face					

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