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N SERVICE COMPANY.			
	ACCOUNT NO.	: 072100000	32
	REFERENCE	: 144802	7417111
	AUTHORIZATION	: Smill ble	nan
	COST LIMIT	: (\$) 25.00	
ORDER DATE :	May 31, 2006		SECAF
ORDER TIME :	:59 PM		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
ORDER NO. :	144802-045		SEE
CUSTOMER NO:	7417111	_	100
	CHANGE OF A	GENT	
NAME :	GEMINI BOYNTO	N BEACH 3, LLC	
	THE FOLLOWING AS	PROOF OF FILI	NG:
	FIED COPY STAMPED COPY		
CONTACT PERSON	N: 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 limite	d liability company is	GEMINI BOY	NTON BEACH 3, I	LC			
2. The mailing address of	f the limited liability c	company is :					
16740 Birkdale Commons Pk	wy., Suite 301, Huntersvil	le, NC 28078					
11/17/2005		1	M05000006376				
3. Date of filing/registration in Florida 4. Document numbers of the control of t				nber			
5. The name of the register		istered office ad	dress as shown o	on the records of the			
Florida Department of		d Agent Solutions,	Inc	ZS B			
	Registered	Name	Inc.	100 E			
	133:	3 N. Duval Street		哥干			
Address 1333 N. Duval Street							
Tallahassee, FL 32303				門里口			
	City	, State and Zip		FLS 9.			
City, State and Zip 6. The name and address of the new registered agent and/or office:							
	Corporati	ion Service Compa	ny	*			
Name 1201 Hays Street							
Florida street address (P.O. Box NOT acceptable)							
	Tallahassee	FL	32301				
		State and Zip					
If the limited liability comconfirmed that after the cland the business office of liability company, it is her of the members of the lin or the operating agreement (Signature of a member or author)	hange or changes are in the registered agent were the registered agent were that the redistribution of the limited liability of the limited liability.	made, the Floric vill be identical, ne change(s) wa y or as otherwis ty company.	la street address . Or, in the case s/were authorize	of the registered office of a Florida limited d by an affirmative vote			
Dante Massaro, Vice Presiden		· · · · · · · · · · · · · · · · · · ·					
(Printed or typed name of signee)			- 4				
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	Intment as registered is of all statutes relative discount the obligation whis document is being that the limited liabil	agent and agree we to the proper ns of my positio filed to merely ity company ha	to act in this ca and complete po n as registered a reflect a change s been notified ir	pacity. I further agree to erformance of my duties, agent as provided for in a the registered office writing of this change.			
(Signatule of Registered Agent)	Jacqueline M. Giles, AVP	ulew					
\ Divisio	n of Cornorations P	O Roy 6327	Tallahassaa FI	32314			

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