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DEPARTMENT OF STATE

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ECRETARY OF STATE
ALLAHASSEE, FLORIO

N. Culligan DEC 10 2012



CORPORATION SERVICE COMPANY

ACCOUNT	NO.	:	I2000000195	

REFERENCE : 445710

7691957

AUTHORIZATION :

COST LIMIT

ORDER DATE: December 5, 2012

ORDER TIME : 10:55 AM

ORDER NO. : 445710-284

CUSTOMER NO: 7691957

CHANGE OF AGENT

NAME: GEMINI BOYNTON BEACH 3, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

$_\odot$ 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. 1	Name of the limited liability company: GEMINI BOYNT	ON BEACH 3, LLC	_
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	Huntersville NC 26078	<u>-</u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	16740 Birkdale Commons Pkwy Ste 306 Huntersville NC 26078	- 2012 -
11/	/17/2005	M05000006376 ANAS	
3. I	Date of filing/registration in Florida	4. Document number	- 7
5.	(a) Registered Agent and Registered Office shown on t		全口
	Registered Agent:	NRAI Services Inc.	-
	Registered Office Address:	515 E. Park Avenue Tallahassee FL 32301	_
		Tananassee L 52501	- -
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	• • • • • • • • • • • • • • • • • • •	
	<u>NEW</u> Registered Agent:	Corporation Service Company	_
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street	
		Tallahassee ,FL 32301	-
that office here liab limi	after the change or changes are made, the Florida street ce of the registered agent will be identical. Or, in the case confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of the liability company.	address of the registered office and the busi se of a Florida limited liability company, it is	ness is
(DIE	and of a memory of authorized representative of a memory		
	ureen Cathell, Authorized Person ated or typed name of signee)	-	
I he com am F.S. con	ereby accept the appointment as registered agent and as ply with the provisions of all statutes relative to the pro- familiar with and accept the obligations of my position of Or, if this document is being filed to merely reflect a c firm that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, as registered agent as provided for in Chapt hange in the registered office address, I here in writing of this change.	o and I er 608, eby
By:	Juan Whant	Sarah Wright, Asst. Vice President	

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

INHS18 (05/08)