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JALIARY SESTAT LEHASSEE, FLORI

K. SALY EXAMINER DEC 1 0 2012



CORPORATION SERVICE COMPANY

ACCOUNT	NO.	:	I2000000195

REFERENCE: 445710 769195

AUTHORIZATION

COST LIMIT : (\$\\25.00

ORDER DATE : December 5, 2012

ORDER TIME : 10:57 AM

ORDER NO. : 445710-292

CUSTOMER NO: 7691957

CHANGE OF AGENT

NAME: GEMINI BOYNTON BEACH 7, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

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. Name of the limited liability company: GEMINI BOYNTO	ON BEACH 7, LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	16740 Birkdale Commons Pkwy Ste 306 Huntersville NC 26078
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	16740 Birkdale Commons Pkwy Ste 306 Huntersville NC 26078
11/17/2005	M05000006382
3. Date of filing/registration in Florida 4.	. Document number
5. (a) Registered Agent and Registered Office shown on th	e 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> and/or <u>NEW NEW Registered Agent</u> :	HE I
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the lat that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cashereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	ws of the State of Florida, it is hereby confirmed address of the registered office and the business are of a Florida limited liability company it is
Maureen Cathell, Authorized Person (Printed or typed name of signee) I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the proving am familiar with and accept the obligations of my position a F.S. Or, if this document is being filed to merely reflect a change of the confirm that the limited liability company has been notified in	ree to act in this capacity. I further agree to ber and complete performance of my duties, and I s registered agent as provided for in Chapter 608, ange in the registered office address, I hereby in writing of this change.

(Signalure of Registered Agent) Corporation Service Company Sarah Wright, Asst. Vice President Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00