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ACCOUNT NO. : 072100000032 REFERENCE : 144802 AUTHORIZATION : COST LIMIT : ORDER DATE: May 31, 2006 ORDER TIME : :59 PM ORDER NO. : 144802-075 CUSTOMER NO: 7417111 CHANGE OF AGENT NAME: GEMINI BOYNTON BEACH 9, 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 limite	d liability company i	s: GEMINI B	OYNTON BEACH 9,	LLC	
2. The mailing address of	the limited liability	company is:		·	
16740 Birkdale Commons Pky	vy., Suite 301, Huntersvi	lle, NC 28078			
11/22/2005			M05000006428		
3. Date of filing/registration	on in Florida		4. Document nu	mber	
5. The name of the registe Florida Department of S		gistered office	address as shown	on the records of the SECRETARY OF STATE	
•	Registere	ed Agent Solution	ons, Inc.	EC J	
		Name		一 强 一	
1333 N. Duval Street					
Address					
Tallahassee, FL 32303					
	City	y, State and Z	.ip	95 2	
6. The name and address of	of the new registered	agent and/or	office:		
	Corporat	tion Service Cor	npany	_	
Name					
		01 Hays Street	NOT	•	
	Florida street addre	ess (P.O. Box	NOT acceptable)		
	Tallahassee	FL	32301		
	City,	State and Zi	)		
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or authority)	the registered agent the registered agent to be confirmed that the companies of the limited liabil	made, the Flowill be idention the change(s) by or as other ity company.	orida street address cal. Or, in the case was/were authoriz	s of the registered office e of a Florida limited ted by an affirmative vote	
(Signature of a inclined of audion	zea representative of a then	1001)			
Dante Massaro, Vice President					
(Printed or typed name of signee)	_	_	_		
I hereby accept the appoing comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered s of all statutes related accept the obligation is document is being that the limited liabi	agent and ag ive to the proj ons of my pos g filed to mer lity company	ree to act in this coper and complete pition as registered ely reflect a chang has been notified	capacity. I further agree to performance of my duties, agent as provided for in the registered office in writing of this change.	
(Signature of Registered Agent)	acqueline M. Giles, AVF	<u>,                                      </u>			

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