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2012 DEC - 7 AM 10: 53
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

J. BRYAN

DEC 1 0 2012

FXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 445710 7691957

AUTHORIZATION : Smellice man

COST LIMIT :

ORDER DATE: December 5, 2012

ORDER TIME : 10:58 AM

ORDER NO. : 445710-296

CUSTOMER NO: 7691957

CHANGE OF AGENT

NAME: GEMINI BOYNTON BEACH 9, LLC

PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:		
XX	CERTIF PLAIN		COPY MPED COPY						
CONTACT	PERSON	V: F	Becky Peiro	ce					

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. Na	me of the limited liability company: GEMINI BOYNTO	ON BEACH 9, 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
11/2	2/2005	M05000006428
3. Da	tte of filing/registration in Florida	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of the
	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</u>	V Registered Office address:
	NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address:	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)		Tallahassee ,FL 32301
that a office hereb liabili limite	limited liability company is not organized under the lafter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by the company or as otherwise provided in the articles of diability company.	address of the registered office and the business se of a Florida limited liability company, it is
(Signat	Jacob	•
_	ure of a member or authorized representative of a member)	
(Printe	reen Cathell, Authorized Person and or typed name of signee)	•
(Printe	een Cathell, Authorized Person	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.

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

INHS18 (05/08)