M06000001

(Requ	estor's Name)				
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BICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			

Special Instructions to Filing Officer:

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EXAMINER

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CORPORATION SERVICE COMPANY

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

ON SERVICE COMPANY	ACCOUNT NO.	:	12000000	0195			
	REFERENCE	:	445710	7691957			
	AUTHORIZATION	:	Squelle	Renan	ن قبر	2 8 H	
	COST LIMIT	:	\$ 25.00		是在	2812 DE(W. 1 ***
ORDER DATE :	December 5, 2012					-7	F
ORDER TIME :	10:59 AM				STATE FLORIDS	AM II: 31	Jane
ORDER NO. :	445710-298					<u> </u>	
CUSTOMER NO:	7691957						
	CHANGE OF AC	GEN	<u>IT</u>				
NAME:	GEMINI BOYNTON	N E	SEACH 10, 1	LLC			

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 BOYN	TON BEACH 10, LLC				
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 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				
12/30/2005	M06000000001				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on	the 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>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: Corporation Service Company				
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)					
	Tallahassee,FL 32301				
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office and the business				
Maureen Cathell, Authorized Person (Printed or typed name of signee)					
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a configmentate the limited liability company has been notified.	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I a as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.				

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

Sarah Wright, Asst. Vice President

istered Agent) Corporation Service Company