MO600000002

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Office Use Only



500075718265



	ACCOUNT NO.	:	0721000000	32		
	REFERENCE	:	144802	7417111		
I	AUTHORIZATION	:		Colonia		
	COST LIMIT	:	\$ 25.0	recense		_
ORDER DATE : May	7 31, 2006					
ORDER TIME :	:59 PM				75E 20	-
ORDER NO. : 144	1802-015			·	JUN -5	esser Esser
CUSTOMER NO:	7417111				SSEE SSEE	i.
	CHANGE OF A	GEN	<u></u> <u>r</u>		9: 20 PLORIDA	
NAME:	GEMINI BOYNTO	N B	EACH 11, LL	c	·	
PLEASE RETURN THE	E FOLLOWING AS	PR	OOF OF FILI	NG :		
CERTIFIED PLAIN STA	O COPY AMPED COPY.					
CONTACT PERSON:	Sara Lea					
	EX	AMI	NER'S INITI	ALS:		

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 limited liability compa	ny is: GEMINI BO	YNTON BEACH II,	LLC .
2. The mailing address of the limited liabi	lity company is: _		
16740 Birkdale Commons Pkwy., Suite 301, Hunt	ersville, NC 28078		
12/30/2005		M06000000002	
3. Date of filing/registration in Florida	_	4. Document num	nber
5. The name of the registered agent and the Florida Department of State:	e registered office	address as shown	on the records of the
Reg	istered Agent Solution	ns, Inc.	ہے
	Name		THE BE
	1333 N. Duval Stree	et	EG E
	Address		到了厂
	Tallahassee, FL 3230		10 C ESS
,,,,	City, State and Zi	р	ENO EN
6. The name and address of the new register	ered agent and/or o	office:	M 9: 20 SEE, FLORIE
Cor	poration Service Com	pany	용류 6
	Name 1201 Hays Street		77
Florida street a	ddress (P.O. Box I	NOT acceptable)	
Tallahassee	· FL	32301	
	City, State and Zip		
If the limited liability company is not orgate confirmed that after the change or changes and the business office of the registered ag liability company, it is hereby confirmed to for the members of the limited liability company or the operating agreement of the limited	are made, the Flor ent will be identice that the change(s) we inpany or as otherwall iability company.	rida street address al. Or, in the case	of the registered office of a Florida limited
Dante Massaro, Vice President			
(Printed or typed name of signee)			
I hereby accept the appointment as registe comply with the provisions of all statutes r and I am familiar with and accept the oblic Chapter 608, F.S. Or, if this document is laddress, I hereby confirm that the limited in the limite	ered agent and agrelative to the propertions of my positions of my positions filed to mere tability company h	ree to act in this ca er and complete p tion as registered of ly reflect a change has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office writing of this change.
(Signature of Registered Agent) Jacqueline M. Giles,	AVP		

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