## 

(D.)	No.	
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	iness Entity Nar	
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	illing Officer:	/
	L)/(	

Office Use Only







ON SERVICE COMPANY					
	ACCOUNT NO.	:	072100000032		
	REFERENCE	:			
	AUTHORIZATION	:	Spellecenan		
*	COST LIMIT	:	\$ 25.00		
ORDER DATE :	May 31, 2006				
ORDER TIME :	:59 PM				
ORDER NO. :	144802-030		ı		
CUSTOMER NO:	7417111				
CHANGE OF AGENT  CHANGE OF AGENT  CHANGE OF AGENT					
NAME:	GEMINI BOYNTO	N B	BEACH 15, LLC		
PLEASE RETURN	THE FOLLOWING AS	PR	ROOF OF FILING:		
	FIED COPY STAMPED COPY				
CONTACT PERSON	N: 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 limited	d liability company i	s: GEMINI BO	YNTON BEACH I	5, LLC	
2. The mailing address of	the limited liability	company is:			
16740 Birkdale Commons Pky	vy., Suite 301, Huntersvi	ille, NC 28078			
01/00/2006			M06000000106		
01/09/2006  3. Date of filing/registration in Florida		4. Document number			
5. The name of the registe Florida Department of S		gistered office	address as showr	on the records of the	
	Registere	ed Agent Solution	is, Inc.	FOR LE	
		Name		超千二	
	133	33 N. Duval Stree	t	- 55 5	
		Address		高 圣 〇	
Tallahassee, FL 32303 City, State and Zip					
	•	•	•	M 9: 20 SEE, FLORIE	
6. The name and address of	if the new registered	agent and/or o	office:	<b>P</b> (1)	
	Corpora	tion Service Com	pany	_	
	12	Name		_	
		01 Hays Street	NOT agamental		
	Florida street addre	ess (P.O. Box I	NOT acceptable)		
	Tallahassee	FL	32301	<u>.</u>	
	City,	, State and Zip			
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limin or the operating agreement (Signature of a member or authority)	lange or changes are the registered agent beby confirmed that the little liability compart of the limited liability.	made, the Flor will be identicated he change(s) way or as otherwall lity company.	rida street addres al. Or, in the cas vas/were authoriz	s of the registered office e of a Florida limited	
Dante Massaro, Vice President					
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provision, and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered s of all statutes relati l accept the obligation his document is bein that the limited liabi	· •	ee to act in this of er and complete ion as registered ly reflect a chang las been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.	
(Signature of Registered Agent)	acqueline M. Giles, AVI	Lles P			

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