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K. SALY EXAMINER DEC 1 0 2012



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

445710

REFERENCE :

AUTHORIZATION CAMBBELLINGS

COST LIMIT : \$ 25.00

ORDER DATE : December 5, 2012

ORDER TIME : 11:20 AM

ORDER NO. : 445710-308

CUSTOMER NO: 7691957

CHANGE OF AGENT

NAME: GEMINI BOYNTON BEACH 15, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

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	BOYNTON BEACH 15, LLC
2. (a) Principal office address of limited liability control (<i>Note: MUST BE STREET ADDRESS</i>)	ompany: 16740 Birkdale Commons Pkwy Ste 306 Huntersville NC 26078
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	Huntersville NC 26078
01/09/2006	M0600000106
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own 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 <u>NEW Registered Agent</u> :	or NEW Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	Tallahassee FL 32301
that after the change or changes are made, the Flori	der the laws of the State of Florida, it is hereby confirmed da street address of the registered office and the business in the case of a Florida limited liability company, it is orized by an affirmative vote of the members of the limited ticles of organization or the operating agreement of the
Maureen Cathell, Authorized Person (Printed or typed name of signce) I hereby accept the appointment as registered ager comply with the provisions of all statutes relative to am familiar with and accept the obligations of my p.F.S. Or, if this document is being filed to merely reconfirm that the limited liability company has been	nt and agree to act in this capacity. I further agree to be the proper and complete performance of my duties, and I position as registered agent as provided for in Chapter 608, flect a change in the registered office address, I hereby notified in writing of this change.

(Signature of Registered Agent) Corporation Service Company Sarah Wright, Asst. Vice President Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00