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PORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 445710

7691957

AUTHORIZATION \_\_\_

COST LIMIT

ORDER DATE: December 5, 2012

ORDER TIME : 11:20 AM

ORDER NO. : 445710-310

CUSTOMER NO: 7691957

## CHANGE OF AGENT

NAME: GEMINI BOYNTON BEACH 16, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY 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 BOYNTO	ON BEACH 16, LLC		
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	16740 Birkdale Commons Pkwy Ste 306 Huntersville NC 26078		
01/09/2006	M06000000126		
3. Date of filing/registration in Florida 4	. Document number		
5. (a) Registered Agent and Registered Office shown on the	ne 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>NEW</u>			
NEW Registered Agent:	Corporation Service Company		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301		
If the limited liability company is not organized under the lattat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cathereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)	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 ag comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a cl confirm that the limited liability company has been notified	is registered agent as provided for mchapter 608, hange in the registered office address. I hereby		
By: (Signature of Registered Agent) Corporation Service Company	arch Wright Asst Vice President (		
- Corporation Service Company S	aran wright, Asst. vice resident		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			