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| Special Instructions t | to Filing | ) Officer:   |         |                |
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**EXAMINER** 

## **COVER LETTER**

|  | Registration Section Division of Corporations  |                          |                              |  |                                 |          |
|--|--|--------------------------|------------------------------|--|---------------------------------|----------|
| SUBJE                                    |  | Limited                  | Liability                    | Company  |                                 | <b>.</b> |
| Dear Si                                  | or Madam:  |                          |                              |  |                                 |          |
| The enc                                  | losed Registered Agent/Registered C  | Office C                 | hange an                     | d fee(s) are   | submitted for filing.           |          |
| Please r                                 | eturn all correspondence concerning  | this ma                  | tter to the                  | e following:   |                                 |          |
|  | Nicole Parnell   |                          |                              |  |                                 |          |
|  | Name of Person   |                          |                              |  |                                 |          |
| Charles Baclet and Associates, Inc.      |  | 3ECF<br>TALLA            | ر و0                         |  |                                 |          |
| 2875 Michelle Drive, Suite 100  Address  |  | RTARY OF S<br>HASSEE, FL |                              |  |                                 |          |
| Irvine, CA 92606 City/State and Zip Code |  | orida                    | , <u>(</u>                   |  |                                 |          |
| E-m                                      | nparnell@cbaclet.com ail address: (to be used for future annual report n   | otification              | n)                           |  |                                 |          |
| For furt                                 | her information concerning this matt   | er, plea                 | se call:                     |  |                                 |          |
|  | Nicole Parnell Name of Person  | _ at (                   | <b>949</b> )                 | ea Code & Dayti  | 955-9585<br>me Telephone Number | -        |
|  | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 |                          | Regist<br>Division<br>P.O. B | ING ADDRI<br>ration Section<br>on of Corpora<br>lox 6327<br>assee, Florida | n<br>utions                     |          |
|  | Enclosed is a check for the following  | ng amo                   | unt:                         |  |                                 |          |
| Ī,                                       | \$25 Filing Fee  |                          | \$55                         | Filing Fee &   | Certified Copy                  |          |

## •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 Orlando  | Inn 3, LLC  |  |  |  |  |  |
|---|---|--|--|--|--|--|
| 2. (a) Principal office address of limited liability company  | y: 16740 Birkdale Commons Parkway   |  |  |  |  |  |
| (Note: MUST BE STREET ADDRESS)  | Suite 301<br>Huntersville, NC 28078   |  |  |  |  |  |
| (b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |   |  |  |  |  |  |
| (Itale, MAT BETOST OTTICE BOX)  |   |  |  |  |  |  |
| 4/14/2006   | M0600002151   |  |  |  |  |  |
| 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:   | Dante A. Massaro  |  |  |  |  |  |
| Registered Office Address:  | 32 Hannah Cole Drive St. Augustine, FL 32080  |  |  |  |  |  |
|   | I A S   |  |  |  |  |  |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address (C)   |   |  |  |  |  |  |
| <u><b>NEW</b></u> Registered Agent:   | NRAI Services, Inc.   |  |  |  |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 2731 Executive Park Driver & Suite 4 Weston ,FL33331  |  |  |  |  |  |
|   |   |  |  |  |  |  |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized expresentative of a member |   |  |  |  |  |  |
| Jose Castellanos, Authorized Person   | _   |  |  |  |  |  |
| Printed or typed name of signce  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the print and I am familiar with and accept the obligations of my por Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company  | agree to act in this capacity. I further agree to<br>oper and complete performance of my duties,<br>sition as registered agent as provided for in<br>rely reflect a change in the registered office<br>y has been notified in writing of this change. |  |  |  |  |  |

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