M06000002189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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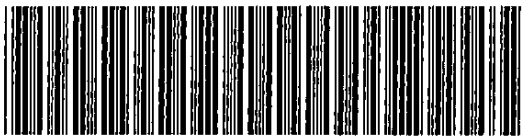

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gemini Orlando Inn 12, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rani Keswani
(Name of Person)

Harvard Business Services, Inc.
(Firm/Company)

16192 Coastal Highway
(Address)

Lewes, DE 19958
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Rani Keswani at (302) 644-6257
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (8/05)

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 company is: Gemini Orlando Inn 12, LLC.

2. The mailing address of the limited liability company is : 16740 BIRKDALE COMMONS PARKWAY, SUITE 301, HUNTERSVILLE, NC 28078.

04/14/2006	M06000002189
3. Date of filing/registration in Florida	4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

UCC FILING & SEARCH SERVICES, INC.
Name

1574 VILLAGE SQUARE BLVD., SUITE 100
Address

TALLAHASSEE FL 32309
City, State and Zip

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TALLAHASSEE, FLORIDA

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.
Name

2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box **NOT** acceptable)

Weston, FL 33331
City, State and Zip

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 representative of a member)

David Clinton III, Authorized Representative
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Cheryl A. Gelwe - Asst Sec - NRAI
(Signature of Registered Agent)

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

INHS18 (8/05)