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TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE

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CORPORATION SERVICE COMPANY

ACCOUNT	MO		I20000000199	=
ACCOUNT	NO.	:	12000000013	2

REFERENCE : 445711 7691957

AUTHORIZATION :

COST LIMIT : \$ 25(100)

ORDER DATE: December 5, 2012

ORDER TIME : 11:35 AM

ORDER NO. : 445711-107

CUSTOMER NO: 7691957

CHANGE OF AGENT

NAME: GEMINI TOWN CENTER H, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

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. Na	ame of the limited liability company: GEMINI TOWN C	CENTER H, LLC
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	16740 Birkdale Commons Pkwy Ste 306 Huntersville NC 26078
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	16740 Birkdale Commons Pkwy Ste 306 Huntersville NC 26078
08/2	9/2006	M06000004786
3. Da	ate of filing/registration in Florida	. 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 NEW Registered Agent</u> :	Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street Tallahassee ,FL 32301
that a office hereb liabili limite (Signatu (Printe	limited liability company is not organized under the lafter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cary confirmed that the change(s) was/were authorized by ty company or as otherwise provided in the articles of diability company. The of a member or authorized representative of a member) The een Cathell, Authorized Person do ryped name of signee) The eby accept the appointment as registered agent and age ly with the provisions of all statutes relative to the promition with and accept the obligations of my position of this document is being filed to merely reflect a complant the limited liability company has been notified	address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the
<u>Ву: 、</u>	augh Whight	arah Wright, Asst. Vice President

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