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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to	Filing Officer:			
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Office Use Only



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T. CLINE

JUN 15 2009

EXAMINER

COVER LETTER

_	tration Section ion of Corporations					
SUBJECT:	Gemini Town Center 3, LLC					
	Name of	Limited I	iability Company	y		
Dear Sir or M	/ladam:					
The enclosed	Registered Agent/Registered	Office Ch	nange and fee(s) a	re submitted for	filing.	
Please return	all correspondence concerning	g this mat	ter to the followin	ng:		
	Nicole Parnell					
	Name of Person					
Ch	narles Baclet and Associate	s, Inc.				
	Firm/Company					
	2875 Michelle Drive, Suite	100			2009 JUN 12 SECRETARY FALLAHASSE	-
	. 144.415				TAR ASS	
	Irvine, CA 92606				10 A 04	Į. į
	City/State and Zip Code				PM 1: 17 COF STATE EE. FLORIDA	C
					ATE PRIB	
E-mail add	nparnell@cbaclet.com ress: (to be used for future annual repor	t notification)	<u> </u>		D	
	nformation concerning this ma					
	Nicole Parnell	at (949)	955-9585		
	Name of Person		Area Code & Da	aytime Telephone Nu	mber	
Regist Divisi Clifto 2661	tration Section ion of Corporations n Building Executive Center Circle		MAILING ADD Registration Sect Division of Corp P.O. Box 6327 Tallahassee, Flor	tion orations		
	nassee, Florida 32301					
Enclo	osed is a check for the follow	ing amou	nt:			
✓ \$2	5 Filing Fee	Γ	\$55 Filing Fee	& Certified Cop	ру	

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 Town	Center 3, LLC
2. (a) Principal office address of limited liability comp	any: 16740 Birkdale Commons Parkway
(Note: MUST BE STREET ADDRESS)	Suite 301 Huntersville, NC 28078
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
10/13/2006	M06000005651
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
	SSE 12
(b) Enter name of NEW Registered Agent and/or N	NEW Registered Office address
NEW Registered Agent:	NRAI Services, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive
MUST BE FEORIDA STREET ADDRESS	Weston ,FL33331
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability composition. Skynature of a member or authorized representative of a member.	e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote
Jose Castellanos, Authorized Person Printed or typed name of signee	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.

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