## M0600005651

(Requestor's Name)
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PICK-UP WAIT MAIL
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## CORPORATION SERVICE COMPANY

ON SERVICE COMPANY.	ACCOUNT NO.	:	12000	0000195	
	REFERENCE	:	44571	7691957	
	AUTHORIZATION	:	de	mellole na.	
	COST LIMIT	:	\$ 25	00	
ODDED DATE .	December 5, 2012		_ <b></b>		
ORDER DATE :	December 3, 2012				
ORDER TIME :	11:37 AM				
ORDER NO. :	445711-113				
CUSTOMER NO:	7691957				
					<b></b>
	CHANGE OF A	GENT	1		
NAME:	GEMINI TOWN C	ENTE	R 3,	LLC	

PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:	
XX	CERTIE PLAIN		COPY MPED COPY					
CONTACT	PERSON	1: (	Carina L. I		-		TAYTOT A T C	
				H: X /	AMINES,	- 5	ͳΝΤͲͳΆΓις・	

## 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 limit	ited liability company:	GEMINI TOWN C	CENTER 3, LLC					
2. (a) Principal off (Note: MU	ice address of limited lia	ability company: RESS)	16740 Birkdale Commons Pkwy Ste 30 Huntersville NC 26078	) <u>6                                    </u>				
(b) Mailing add (Note: MA	ress of limited liability of Y BE POST OFFICE I	company: BOX)	16740 Birkdale Commons Pkwy Ste Huntersville NC 26078	2012 DE				
10/13/2006			M06000005651	TARY OF				
3. Date of filing/reg	gistration in Florida	4	. Document number	- CO				
5. (a) Registered A	Agent and Registered O	ffice shown on th	ne records of the Florida Dept. of State	E 29				
Registered A	Agent:		NRAI Services Inc.					
Registered (	Office Address:		515 E. Park Avenue Tallahassee FL 32301					
•								
(b) Enter name	of <b>NEW Registered Ag</b>	ent and/or <u>NEW</u>	Registered Office address:					
<u><b>NEW</b></u> Regis	stered Agent:		Corporation Service Company					
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street					
MOST BE	TEORIDA SIREET A	DDRESS)	Tallahassee ,FL 32301					
that after the change office of the registe hereby confirmed the liability company of limited liability confirmed the liability confirmed liabilit	e or changes are made, t red agent will be identic nat the change(s) was/wo r as otherwise provided	he Florida street al. Or, in the caser authorized by in the articles of	tws of the State of Florida, it is hereby caddress of the registered office and the se of a Florida limited liability company an affirmative vote of the members of organization or the operating agreement	business , it is				
Maureen Cathell, A (Printed or typed name of								
I hereby accept the comply with the pro am familiar with an F.S. Or, if this doctonfirm that the lim	appointment as register sylsions of all statutes re ad accept the obligations ument is being filed to m ited liability company h	red agent and ag clative to the proj s of my position a serely reflect a cl as been notified	ree to act in this capacity. I further agr per and complete performance of my du is registered agent as provided for in Ch hange in the registered office address, I in writing of this change.	ee to ties, and I tapter 608, hereby				
By: A A	Agent) Corporation Service	5	arah Wright, Asst. Vice President	·				

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