## MD6000005654

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(2.2)							
(Decument Number)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUB.	JECT: Gemini Town Center 6, LLC	 Limited	Liability Con	nnany	<del> </del>	
	Traine of	Ziiiiii	Diagnity Con			
Dear	Sir or Madam:					
The e	enclosed Registered Agent/Registered	Office C	Change and fee	e(s) are submitted f	or filing.	
Pleas	e return all correspondence concerning	g this ma	atter to the fol	lowing:		
	Nicole Parnell					
	Name of Person				P	
					2009 JUN 12 SECRETARY TALLAHASSE	
	Charles Baclet and Associates	s, Inc.			AR ⊆	T
	Firm/Company		<u> </u>		N 12 PM 1: 2 TARY OF STATE HASSEE, FLORIE	Ē
					SE SY	2
	2875 Michelle Drive, Suite	100			TH 3	14. 2
	Address	100			PH 1: 21 OF STATE EF. FLORIE	·w,
					RE 2	
	Index CA 02606				**************************************	
	Irvine, CA 92606 City/State and Zip Code					
	Chyrolaic and Esp Code					
	nparnell@cbaclet.com E-mail address: (to be used for future annual report	notificatio	n)			
For f	urther information concerning this ma	tter, plea	ise call:			
	Nicole Parnell	at (	949_)	955-9585	5	
	Name of Person		Arca Cod	le & Daytime Telephone	Number	
	STREET/COURIER ADDRESS:		MAILING	ADDRESS:		
	Registration Section		Registration			
	Division of Corporations		Division of	Corporations		
	Clifton Building		P.O. Box 63			
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee	e, Florida 32314		
	rananassee, Fiorida 32301					
	Enclosed is a check for the follow	ing amo	unt:	•		
	\$25 Filing Fee		\$55 Filin	g Fee & Certified C	Сору	

## 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 Ce	enter 6, LLC					
2. (a) Principal office address of limited liability company	16740 Birkdale Commons Parkway					
-[√] ( <u>Note: MUST BE STREET ADDRESS</u> )	Suite 301 Huntersville, NC 28078					
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)						
10/13/2006	M06000005654 TALL					
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. States						
Registered Agent:	Dante A. Massaro					
Registered Office Address:	32 Hannah Cole Drive St. Augustine, FL 32080					
NEW Registered Agent:  NEW Registered Office Address:	NRAI Services, Inc. 2731 Executive Park Drive					
(MUST BE FLORIDA STREET ADDRESS)	Suite 4 Veston ,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 of authorized representative of a member						
Jose Castellanos, Authorized Person 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 fif 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.						
Signature of Registered Agent Louie Tamantini, Vice President						

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 F1LING FEE: \$25.00