## M06000005851

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C. LEWIS

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EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT	NO.	•	I2000000	0195

REFERENCE: 445711 7691957

AUTHORIZATION :

COST LIMIT : \$ 25/00

ORDER DATE: December 5, 2012

ORDER TIME : 11:39 AM

ORDER NO. : 445711-121

CUSTOMER NO: 7691957

## CHANGE OF AGENT

NAME: GEMINI TOWN CENTER 7, 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. Name of the limited liability company: GEMINI TOWN C	ENTER 7, 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	
		SIVATO
10/23/2006	M06000005851	品紹
3. Date of filing/registration in Florida 4	. Document number	Fred Fred Fred Fred Fred Fred Fred Fred
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:	-7 MIII: 13
Registered Agent:	NRAI Services Inc.	
Registered Office Address:	515 E. Park Avenue Tallahassee FL 32301	
(b) Enter name of NEW Registered Agent and/or NEW	/ Registered Office address:	
NEW Registered Agent:	Corporation Service Company	<del></del>
NEW Registered Office Address:	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301	<u> </u>
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.	address of the registered office and the buse of a Florida limited liability company, i	isiness it is
(Signature of a member or authorized representative of a member)		
Maureen Cathell, Authorized Person (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	ree to act in this capacity. I further agree per and complete performance of my dutie is registered agent as provided for in Cha hange in the registered office address, I he in writing of this change.	e to es, and I pter 608, ereby
By: Wah Wliant	Sarah Wright, Asst. Vice President	

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

INHS18 (05/08)