## M86 000006479

| (Requestor's Name)                      |  |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |
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2009 JUN 12 PM 1: 31
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

T. CLINE
JUN 1 5 2009
EXAMINER

## **COVER LETTER**

| то:   | Registration Section Division of Corporations           |               |                 |                         |  |    |
|-------|---|---------------|-----------------|-------------------------|--|----|
| SUB   | JECT: Gemini Town Center 13, LLC                        | f Limitad     | Lighting Co     |                         |  |    |
|       | Name of   | Limited       | Liability Co    | трапу                   |  |    |
| Dear  | Sir or Madam:   |               |                 |                         |  |    |
| The e | enclosed Registered Agent/Registered                    | Office (      | Change and fe   | ee(s) are submitted     | for filing.                            |    |
| Pleas | e return all correspondence concerning                  | ng this m     | atter to the fo | llowing:                |  |    |
|       | Nicole Parnell  |               |                 |                         |  |    |
|       | Name of Person  |               |                 |                         |  |    |
|       | Charles Baclet and Associate                            | s, Inc.       |                 |                         | 200<br>TAI                             |    |
|       | Firm/Company  |               |                 |                         | 2009 JUN 12<br>SECRETAR)<br>TALLAHASSI |    |
|       |   |               |                 |                         | JUN 12<br>PRETARY<br>AHASSEI           | (a |
|       | 2875 Michelle Drive, Suite                              | 100           |                 |                         | 12<br>SSI<br>SSI                       |    |
|       | Address   |               |                 |                         |  |    |
|       |   |               |                 |                         |  | 1  |
|       | Irvine, CA 92606  |               |                 |                         | PM 1:31 OF STATE E. FLORID             |    |
|       | City/State and Zip Code                                 |               |                 |                         |  |    |
|       |   |               |                 |                         |  |    |
|       | nparnell@cbaclet.com                                    |               |                 |                         |  |    |
| I     | E-mail address: (to be used for future annual repor     | t notificatio | n)              |                         |  |    |
| For f | urther information concerning this ma                   | atter, plea   | ise call:       |                         |  |    |
|       | Nicole Parnell  | at (          | 949 )           | 955-958                 | 5                                      |    |
|       | Name of Person  |               | Area Co         | ode & Daytime Telephone | : Number                               |    |
|       | STREET/COURIER ADDRESS:                                 |               | MAILING         | G ADDRESS:              |  |    |
|       | Registration Section                                    |               | Registratio     |                         |  |    |
|       | Division of Corporations                                |               |                 | f Corporations          |  |    |
|       | Clifton Building  |               | P.O. Box 6      |                         |  |    |
|       | 2661 Executive Center Circle Tallahassee, Florida 32301 |               | i allahasse     | e, Florida 32314        |  |    |
|       | Enclosed is a check for the follow                      | ing ama       | ount:           |                         |  |    |
|       | \$25 Filing Fee   |               |                 | ng Fee & Certified (    | 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 13, 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)  |                                   |  |  |  |  |  |
| 11/20/2006  | M0600006429                       |  |  |  |  |  |
| 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              |  |  |  |  |  |
|   | 55 7 P                            |  |  |  |  |  |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address   |                                   |  |  |  |  |  |
| NEW Registered Agent:   | NRAI Services, Inc.               |  |  |  |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 2731 Executive Park Drive Suite 4 |  |  |  |  |  |
| MUST BE TEORIDA STREET ADDRESS  | Weston ,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, if 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 FILING FEE: \$25.00