

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phone) #)		
PICK-UP	MAIT WAIT	MAIL		
(Bus	iness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
,	3			
		}		

Office Use Only



400242198484

SUFFICIENCY OF FILIN

DEPARTMENT OF STATE

SECRETARY OF STATE-DIVISION OF CORPESATION

C. LEWIS

DEC 1 0 2012

EXAMINER



ACCOUNT	NO.	•	120000000195
110000111	110.	•	1200000001

REFERENCE: 445711

769195

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 5, 2012

ORDER TIME : 11:47 AM

ORDER NO. : 445711-133

CUSTOMER NO: 7691957

CHANGE OF AGENT

NAME: GEMINI TOWN CENTER 13, 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	CENTER 13, 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
11/20/2006	M06000006429
3. Date of filing/registration in Florida	ا خشر . • • • • • • • • • • • • • • • • • •
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	ne records of the Florida Dept. of State: NRAI Services Inc. 515 E. Park Avenue
Registered Office Address:	515 E. Park Avenue Tallahassee FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Corporation Service Company
NEW Registered Agent: NEW Registered Office Address:	Corporation Service Company 1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
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. (Signature of a member or authorized representative of a member)	address of the registered office and the business se of a Florida limited liability company it is
Maureen Cathell, Authorized Person (Printed or typed name of signee)	-
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.

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

Sarah Wright, Asst. Vice President

(Signature of Registered Agent) Corporation Service Company