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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Gemini Town Center 14, LLC	ited Liability Company	
. value of Billin	iou Ziuomoj Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Nicole Parnell		
Name of Person		
Charles Baclet and Associates, Inc	SECH FALLI	
Firm/Company	ART UN	*
2875 Michelle Drive, Suite 100	2009 JUN 12 PM 1: 33 SECRETARY OF STATE FALL AHASSEE FLORIDA	
Address	STATE LORIDA	قرنس
Irvine, CA 92606 City/State and Zip Code		
nparnell@cbaclet.com E-mail address: (to be used for future annual report notific	cation)	
For further information concerning this matter, p	please call:	
Nicole Parnell Name of Person		
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section		
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following an	mount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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	nter 14, LLC			
2. (a) Principal office address of limited liability company	16740 Birkdale Commons Parkway			
(Note: MUST BE STREET ADDRESS)	Suite 301 Huntersville, NC 28078			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)				
11/20/2006	M06000006431 TAE 2			
	4. Document number 🔻 💆 😉 🔫			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Den Sof State:				
Registered Agent:	Dante A. Massaro			
Registered Office Address:	32 Hannah Cole Drive St. Augustine, FL 32080 St. St. Augustine, FL 32080 St.			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	V Registered Office address: NRAI Services, Inc.			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive Suite 4			
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 or 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 agreet 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, Thereby 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