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DEC 1 0 2012

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE : 445711

7691957

AUTHORIZATION :

COST LIMIT : \$ 25.00/

ORDER DATE: December 5, 2012

ORDER TIME : 11:47 AM

ORDER NO. : 445711-135

CUSTOMER NO: 7691957

CHANGE OF AGENT

NAME: GEMINI TOWN CENTER 14, 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 14, 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	M0600006431
3. Date of filing/registration in Florida	Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State: 🙇 🚆
Registered Agent:	NRAI Services Inc.
Registered Office Address:	515 E. Park Avenue Tallahassee FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	V Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassec ,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)	aws of the State of Florida, it is hereby confirmed 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.

(Signature of Registered Agent) Corporation Service Company Sarah Wright, Asst. Vice President Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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