

M06000006539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

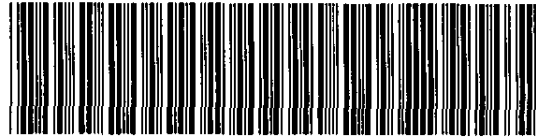
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2012 DEC -7 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

DEC 10 2012



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 445711 7691957

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ 25.00

ORDER DATE : December 5, 2012

ORDER TIME : 11:48 AM

ORDER NO. : 445711-137

CUSTOMER NO: 7691957

CHANGE OF AGENT

NAME: GEMINI TOWN CENTER 15, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

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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 CENTER 15, LLC

2. (a) Principal office address of limited liability company: 16740 Birkdale Commons Pkwy Ste 306
Huntersville NC 26078
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 16740 Birkdale Commons Pkwy Ste 306
Huntersville NC 26078
(Note: MAY BE POST OFFICE BOX)

11/28/2006
 3. Date of filing/registration in Florida

M06000006539
 4. Document number

5. (a) Registered Agent and Registered Office shown on the 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 NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
Tallahassee, FL 32301
(MUST BE FLORIDA STREET ADDRESS)

2012 DEC -7 AM 9 10
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 TALLAHASSEE, FLORIDA
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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.

Maureen Cathell
 (Signature of a member or authorized representative of a member)

Maureen Cathell, Authorized Person
 (Printed or typed name of signer)

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.

By: Sarah Wright
 (Signature of Registered Agent) Corporation/Service Company Sarah Wright, Asst. Vice President

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