(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

G. MCLEOD JUN 15 2009

EXAMINER



300157053353

06/12/09--01054--001 **2600.00

COVER LETTER

	Registration Section Division of Corporations			
CUDIE	ு. Gemini Town Center 18, LLC			
SUBJE	e	imited	Liahil	ity Company
	Nume of E	mmea	Diaoii.	ny Company
Dear Si	r or Madam:			
The end	losed Registered Agent/Registered O	ffice C	hange	and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning	this ma	tter to	the following:
	Nicole Parnell			
	Name of Person			
	Charles Baclet and Associates,	Inc.		
	Firm/Company			
	2875 Michelle Drive, Suite 10	0		
	Address		<u></u>	-
	Irvine, CA 92606			
	City/State and Zip Code			_
- E	nparnell@cbaclet.com	an de la lace		_
E-II	an address. (to be used for future annual report in	micano	1)	
For furt	her information concerning this matte	er, plea	se call	l:
	Nicole Parnell	at (949	955-9585
	Name of Person	- **- (,	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		MA	AILING ADDRESS:
	Registration Section			gistration Section
	Division of Corporations			vision of Corporations
	Clifton Building			D. Box 6327
	2661 Executive Center Circle		Tall	lahassee, Florida 32314
	Tallahassee, Florida 32301			
	Enclosed is a check for the followin	g amo	unt:	
Γ,	\$25 Filing Fee		\$5	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 Cer	nter 18, 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:	09 SE		
(Note: MAY BE POST OFFICE BOX)	200 JU		
11/28/2006	M06000006541		
3. Date of filing/registration in Florida 4	1. Document number		
5. (a) Registered Agent and Registered Office shown on the			
Registered Agent:	Dante A. Massaro		
Registered Office Address:	32 Hannah Cole Drive St. Augustine, FL 32080		
(b) Enter name of NEW Registered Agent and/or NEW			
NEW Registered Agent:	NRAI Services, Inc.		
	2731 Executive Park Drive		
	Suite 4 Weston ,FL33331		
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization		
Lance Constalling on Authority J. Process			
Jose Castellanos, Authorized Person			
Printed or typed name of signce	•		
	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in elv reflect a change in the registered office has been notified in writing of this change.		

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