## M0600006541

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CORPORATION SERVICE COMPANY

ACCOUNT	NO		12000000	0195
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REFERENCE : 445711 769195

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 5, 2012

ORDER TIME : 11:49 AM

ORDER NO. : 445711-143

CUSTOMER NO: 7691957

## CHANGE OF AGENT

NAME: GEMINI TOWN CENTER 18, 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 TOW	N CENTER 18, LLC		
2. (a) Principal office address of limited liability compar ( <i>Note: MUST BE STREET ADDRESS</i> )	ny: 16740 Birkdale Commons Pl Huntersville NC 26078	cwy Ste 306	
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	16740 Birkdale Commons Pl Huntersville NC 26078	cwy Ste 306	201
11/28/2006	M06000006541	CRETAI LLAIIAS	290 - 1. J.
3. Date of filing/registration in Florida	4. Document number	SEE	4
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept.	. of State: アダ	<b>全</b> C
Registered Agent:	NRAI Services Inc.	ORID	₩ 3:
Registered Office Address:	515 E. Park Avenue Tallahassee FL 32301		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address:  Corporation Service Company	у	
<u>NEW</u> Registered Agent:		<u>y</u>	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		
	Tallahassee	,FL 32301	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)	eet address of the registered office case of a Florida limited liability	ce and the busines company, it is	SS
Maureen Cathell, Authorized Person (Printed or typed name of signee)			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam 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 notific	agree to act in this capacity. If roper and complete performance in a registered agent as provided that the registered office to the change in the registered office to the change.	urther agree to 2 of my duties, and d for in Chapter ( address, I hereby	d I 508,

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

Sarah Wright, Asst. Vice President

Corporation Service Company