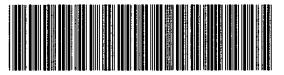
(Re	questor's Name)		
(Ad	dress)		
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PICK-UP	WAIT	MAIL	
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G. MCLEOD

JUN 15 2009

EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corporations				
	0.00070.000.47.110				
SUBJ					
	Name of Limited Liability Company				
5 (S				
Dear S	Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning	this matt	er to the following:		
Nicole Parnell					
	Name of Person				
Charles Baclet and Associates, Inc.					
	Firm/Company				
	2875 Michelle Drive, Suite 1	nn			
2875 Michelle Drive, Suite 100					
Irvine, CA 92606					
	City/State and Zip Code				
nparnell@cbaclet.com E-mail address: (to be used for future annual report notification)					
E	-mail address: (to be used for future annual report	notification)			
For further information concerning this matter, please call:					
	Nicole Parnell	at (_	949) 955-9585		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		MAILING ADDRESS:		
	Registration Section		Registration Section		
	Division of Corporations		Division of Corporations		
	Clifton Building		P.O. Box 6327		
	2661 Executive Center Circle		Tallahassee, Florida 32314		
	Tallahassee, Florida 32301		,		
Enclosed is a check for the following amount:					
	\$25 Filing Fee	Г	\$55 Filing Fee & Certified Copy		
	▼ 1 #25 1 111115 1 00	L	_ + + + + + + + + + + + + + + + + + + +		

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 Co	enter 17, LLC
2. (a) Principal office address of limited liability company	
_[✓] (<u>Note: MUST BE STREET ADDRESS</u>)	Suite 301 Huntersville, NC 28078
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
12/4/2006	M06000006677
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Dante A. Massaro
Registered Office Address:	32 Hannah Cole Drive
	St. Augustine, FL 32080
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	W Registered Office address: NRAI Services, Inc. 2731 Executive Park Drive
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Suite 4
	Weston ,FL33331
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative cote rwise provided in the articles of organization
Jose Castellanos, Authorized Person	
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company. Signature of Registered Agent Louie Tamantini, Vice President	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.

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