M07000002250

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DIVISION OF CORPORATIONS

T. HAMPTON

JUN 1 5 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Gemini Brandon 12, LLC		
		Limited L	iability Company
Dear :	Sir or Madam:		
The e	nclosed Registered Agent/Registered	Office Ch	ange and fee(s) are submitted for filing.
Please	e return all correspondence concerning	g this mat	er to the following:
	Nicole Parnell		
	Name of Person		
	Charles Baclet and Associates Firm/Company	s, Inc.	
	2875 Michelle Drive, Suite 1	100	
	Irvine, CA 92606 City/State and Zip Code		
E	nparnell@cbaclet.com -mail address: (to be used for future annual report	notification)	
For fu	urther information concerning this mat	ter, pleas	e 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 Clifton Building		Division of Corporations P.O. Box 6327
	2661 Executive Center Circle		Tallahassee, Florida 32314
	Tallahassee, Florida 32301		Tallallassee, Florida 32311
	Enclosed is a check for the following	ng amou	nt:
	\$25 Filing Fee	Γ	\$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.

	don 12, LLC
2. (a) Principal office address of limited liability compa	
(Note: MUST BE STREET ADDRESS)	Suite 301 Huntersville, NC 28078
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
4/18/2007	M07000002250
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	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 NEW Registered Agent and/or N	
<u>NEW</u> Registered Agent:	NRAI Services, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive Suite 4 Weston ,FL33331
If the limited liability company is not organized under the	he laws of the State of Florida, it is hereby
confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company or as off or the operating agreement of the limited liability company or as off or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Jose Castellanos, 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 and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filled to address, I hereby confirm that the familed liability comp	e(s) was/were authorized by an affirmative votes herwise provided in the articles of organizations any. FILED FI

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