## M0700000253

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(Requestor 5 Name)		
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(Business Entity Name)		
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SECRETARY OF STATE OIVISION OF CORPORATION

T. HAMPTON
JUN 1 5 2009

EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: Gemini Brandon 10, LLC	
Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
Nicole Parnell	
Name of Person	
Charles Baclet and Associates, Ir	ne.
Firm/Company	10.
2875 Michelle Drive, Suite 100	
Address	
Irvine, CA 92606	
City/State and Zip Code	
nparnell@cbaclet.com	
nparnell@cbaclet.com E-mail address: (to be used for future annual report notif	fication)
For further information concerning this matter,	please call:
Nicole Parnell a	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 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
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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 Brandon	10, 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:  (Note: MAY BE POST OFFICE BOX)	
4/18/2007	M07000002253
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	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>NEV NEW Registered Agent:</u> NEW Registered Office Address:	W Registered Office address:  NRAI Services, Inc.  2731 Executive Park Drive
(MUST BE FLORIDA STREET ADDRESS)	Suite 4 Weston ,FL33331
If the limited liability company is not organized under the lonfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member or authorized representance of a member	SYSTEM Approximation
Jose Castellanos, Authorized Person Printed or typed name of signee	STA ORA 10:
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited Hability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent Louie Tamantini, Vice President	

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