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EXAMINE



CORPORATION SERVICE COMPANY

ACCOUNT	NΩ	I2000000019
MCCCONI	NO.	TZ000000013

REFERENCE : 445711

7691957

AUTHORIZATION :

COST LIMIT :

ORDER DATE: December 5, 2012

ORDER TIME : 12:03 PM

ORDER NO. : 445711-266

CUSTOMER NO: 7691957

CHANGE OF AGENT

NAME: GEMINI BRANDON 10, LLC

PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	ΟF	FTI.TNG.
FIRMOR	ICTS T OTCH	LITE	FORDOWING	AD	FROOF	OF	LTHTMG:

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 BRAN	NDON 10, LLC	
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 16740 Birkdale Common Huntersville NC 26078	ns Pkwy Ste 306
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	16740 Birkdale Common Huntersville NC 26078	
04/18/2007	M07000002253	Dept. of State From
3. Date of filing/registration in Florida	4. Document number	7000
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida I	Dept. of State.
Registered Agent:	NRAI Services Inc.	
Registered Office Address:	515 E. Park Avenue Tallahassee FL 32301	Er.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	Corporation Service Com 1201 Hays Street	
NEW Registered Office Address:	1201 Hays Succe	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida strength 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) 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 provisions of all statutes relative to the provisions.	e laws of the State of Florida eet address of the registered case of a Florida limited lial by an affirmative vote of th of organization or the opera	i, it is hereby confirmed office and the business bility company, it is e members of the limited ting agreement of the

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent) Corporation Service Company Sarah Wright, Asst. Vice President

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