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ORPORATION SERVICE COMPANY				
	ACCOUNT	NO.	•	12000000019

REFERENCE: 445711

7691957

AUTHORIZATION :

COST LIMIT :

ORDER DATE: December 5, 2012

ORDER TIME : 12:03 PM

ORDER NO. : 445711-262

CUSTOMER NO: 7691957

CHANGE OF AGENT

NAME: GEMINI BRANDON 8, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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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 8, LLC			
2. (a) Principal office address of limited liability compa (<i>Note: MUST BE STREET ADDRESS</i>)	16740 Birkdale Commons Pkwy Ste 306			
	Huntersville NC 26078			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	16740 Birkdale Commons Pkwy Ste 306 Huntersville NC 26078			
04/18/2007	M07000002255			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State: NRAI Services Inc.			
Registered Agent:	NRAI Services Inc.			
Registered Office Address:	Tallahassee FL 32301			
	To a m			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>				
NEW Registered Agent:	Corporation Service Company			
NEW Registered Office Address:	1201 Hays Street			
(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 streeffice 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.	eet address of the registered office and the business case of a Florida limited liability company, it is			
(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 part familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notificated.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ied in writing of this change.			
By: (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