M07000002562

(Requestor's Name)				
(Address)				
(Address)				
	City/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		}		
	•			
Certified Copies	Certificate:			





500242198395

SOFFICIENCY OF FILIN 10 YCKNOMCEDGE POLYCYCOUR 10 YCKNOMCED 10 YCKNOMED TO SUBS

ARTHUNIOF SIME

FILED
2012 DEC - 7 AM 10: 5
SECRETARY OF STAT

J. BRYAN

DEC 1 0 2012

EXAMINER



ACCOUNT	NO.	:	120000000195
110000111	110.	•	12000000133

REFERENCE : 445711

AUTHORIZATION :

Spelle Blend

COST LIMIT : \$ 25.00

ORDER DATE: December 5, 2012

ORDER TIME : 12:04 PM

ORDER NO. : 445711-272

CUSTOMER NO: 7691957

CHANGE OF AGENT

NAME: GEMINI BRANDON 13, LLC

FILED 2012 DEC -7 MID: 54 SECRETARSE OF STATE

PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:

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 BRANI	OON 13, LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y:
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	16740 Birkdale Commons Pkwy Ste 306 Huntersville NC 26078
05/02/2007	M07000002562
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:	NRAI Services Inc.
Registered Office Address:	515 E. Park Avenue Tallahassee FL 32301
	ing 6
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Corporation Service Company
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
(MOST BL. TEORIDA BIRLET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.	et 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 a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	ngree to act in this capacity. I further agree to oper and complete performance of my duties, and I for a segistered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.
By: Juan Whant	

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