M07000002686

(Par	questor's Name)				
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(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Doc	cument Number)				
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Certified Copies	. Certificates	s of Status			
Special Instructions to F	-iling Officer:				
	Office Use On	lv			



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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

JUN 15 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ		Limited	d Liabil	ity Company		
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered	Office (Change	and fee(s) are	e submitted t	for filing.
Please	return all correspondence concerning	g this m	atter to	the following	g:	
	Nicole Parnell					
	Name of Person	<u></u>		_		
	Charles Baclet and Associate	s, Inc.				7.0 0
	Firm/Company					09 JUN 12 PH 2: 47 SECRETARY OF STATE SECRETARY OF STATE
		400				HADE TO
	2875 Michelle Drive, Suite	100				SERVICE TO
	Address					四 子
						E 5 13
	Irvine, CA 92606					吳 国 -
	City/State and Zip Code					30
	nparnell@cbaclet.com mail address: (to be used for future annual report					
E-	-mail address: (to be used for future annual report	notificati	on)			
For fu	rther information concerning this ma	tter, ple	ase call	:		
	Nicole Parnell	at (_	949	_)	955-958	
	Name of Person			Area Code & Day	ytime Telephone	Number
	STREET/COURIER ADDRESS:		MA	ALLING ADDI	RESS.	
		egistration Section Registration Section				
	Division of Corporations	Division of Corporations				
	Clifton Building	P.O. Box 6327				
	2661 Executive Center Circle		Tal	lahassee, Flori	da 32314	
	Tallahassee, Florida 32301					
	Enclosed is a check for the follow	ing am	ount:			
	\$25 Filing Fee		\$5	55 Filing Fee	& Certified	Сору

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	18, 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)	75 00 -471 			
5/11/2007	M07000002686			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	温泉ら			
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>NEW NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	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 confirmed that after the change or changes are made, the F and the business office of the registered agent will be idenliability 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 tical. 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 representative of a member				
Jose Castellanos, Authorized Person Printed or typed name of signee	_			

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

Signature of Registered Agent Louie Tamantini, Vice President