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| (Req | uestor's Name) | <u> </u> |
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ACCOUNT NO. : 12000000195

REFERENCE: 445711 7691957

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 5, 2012

ORDER TIME : 12:06 PM

ORDER NO. : 445711-284

CUSTOMER NO: 7691957

CHANGE OF AGENT

NAME: GEMINI BRANDON 19, LLC

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.

| Name of the limited liability company: GEMINI BR | ANDON 19, LLC | | |
|---|--|------|------|
| 2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) | any: 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 | | |
| 05/11/2007 | M07000002690 | 2012 | |
| 3. Date of filing/registration in Florida | 4. Document number | 330 | 7 |
| 5. (a) Registered Agent and Registered Office shown | | 2-7 | FILE |
| Registered Agent: | NRAI Services Inc. | 至 | C |
| Registered Office Address: | 515 E. Park Avenue Tallahassee FL 32301 | D 34 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or] | NEW Registered Office address: | | |
| 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 that after the change or changes are made, the Florida s office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authoriz | street address of the registered office and the busine he case of a Florida limited liability company, it is | SS | |

liability company or as otherwise provided in the articles of organization or the operating agreement of the 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 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**