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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Business Entry Nume)							
(Decument Number)							
(Document Number)							
Certified Copies Certificates of Status							
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Special Instructions to Filing Officer:							

Office Use Only



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KIM JA



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: May 11, 2020

Order#: 285650-010

Re: GEMINI RE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: GEMINI RE, LLC	<u> </u>				
2	(a)	4200 NORTHCORP PKWY	(b)	4200 N	ORTHCORP PKWY		
	( <del>-</del> ) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (-,		Mailing address of limited (Note: MAY BE POST	•	
		SUITE 400		SUITE 40	00		
		PALM BEACH GARDENS FL 33410	_	PALM BE	EACH GARDENS	FL 33410	
		05/07/2018		M1800000			
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	GRAVELLE, JENNIFER					
	` ,	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	::		
		4200 NORTHCORP PKWY					
		Registered Office Address (MUST BE FLORIDA STREET A	ce Address (MUST BE FLORIDA STREET ADDRESS)				
		SUITE 400					
		DALM DEACH CARDENC	00440				
	(b)	PALM BEACH GARDENS FL	33410	. <u></u>		101	
		Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered Office address:				2020 HAY	
	(0)				•		
						$\overline{\omega}$	
		1201 Hays Street				P	• •
		NEW Registered Office Address:				က်	:
						03	
						·	
		Tallahassee, FL_	32301				
the ag	e cha ent w as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co If the limi	tered office mpany, it is ited liability	e and the business off s hereby confirmed the y company or as othe	fice of the register nat the change(s)	
/s/ Doug Collins			Doug	Doug Collins, Authorized Person			
	Signat	ure of a member or authorized representative of a member			Printed or typed name o	f signee	
pr the to	ovisie e obli mere	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act performa I for in C nereby co	in this capa ince of my a hapter 605 infirm that i	acity. I further agree duties, and I am fami , F.S. Or, if this doc the limited liability c	to comply with to liar with and accoument is being fil ompany has been	he ept ed
Si	gnatui	re of Registered Agent Corporation Service Company	BY: G	ace E. Kir	by, Asst. Vice Pres	sident	
		District of Comments of B.O. F	) (137	a Tallakaa	and EL 33214		