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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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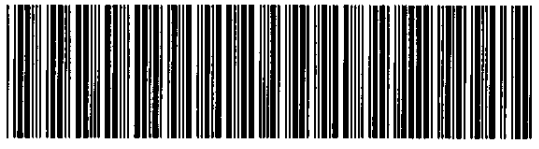
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 138 North Central Avenue, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 0100275865

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Hock
(Name of Contact Person)

Nold & Schenk, Counselors at Law
(Firm/Company)

995 N. Collier Blvd.
(Address)

Marco Island, FL 34145
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Hock at (239) 394-7811
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New Jersey in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: 138 North Central Avenue, Inc.
- 2. The principal office address: ~~138 North Central Avenue, Ramsey, NJ 07446~~
8886 SHENANDOAH CIRCLE NAPLES FL 34113
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 10/18/1985 Document number: 0100275865
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company
1201 Hays Street
Tallahassee, Fl 32301-2525

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Paula Studzinski
8886 Shenandoah Circle
(P.O. Box NOT acceptable)
Naples, FL 34113

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Paula Studzinski PRES. PAULA STUDZINSKI
(Signature of an officer or director) (Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Paula Studzinski 12/13/06
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
n/a
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***