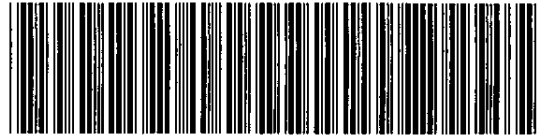


P99000023497

-Marcella Schencke  
1994 Hatch Palm Dr.  
Boca Raton FL  
33437



800136477408

RA  
change

10/01/08--01005--006 \*\*35.00

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Empty box for special instructions.

Office Use Only

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 OCT -1 PM 3:42

FILED

DR  
10/8/08

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

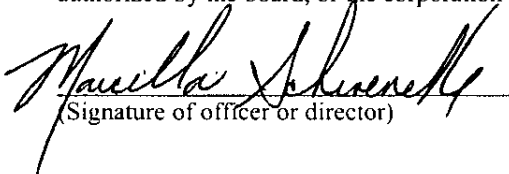
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: **THE 1209 NORTH OLIVE AVENUE CORPORATION**
2. The principal office address: **1994 Thatch Palm Dr., Boca Raton, FL 33432**
3. The mailing address (if different): **Same as principal office address**
4. Date of incorporation/qualification: **March 9, 1999**  
Document number: **P99000023497**
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
**Kerry R. Schwencke, P.A., 1209 North Olive Ave., West Palm Beach, FL 33401**
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):  
**Marcella Schwencke, 1994 Thatch Palm Dr., Boca Raton, FL 33432**

FILED  
2008 OCT - 1 PM 3:42  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

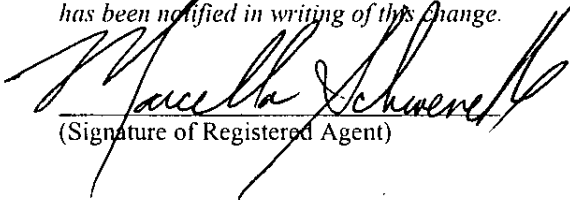
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
(Signature of officer or director)

MARCELLA SCHWENCKE  
(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 all 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.*

  
(Signature of Registered Agent)

September 9, 2008  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

**\*\*\* FILING FEE: \$35 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314