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DIVISION OF COMPORATIONS

COVER LETTER

10.	Division of Corporations	
SUBJ	IECT:	First Olive Properties LLC.
	Na	me of Limited Liability Company
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Regis	stered Office Change and fee(s) are submitted for filing.
Please	e return all correspondence con	cerning this matter to the following:
	Richard Traino	or
	Name of Ferson	
	Law Office Richard D T Firm/Company	rainor Ltd.
	33 N Dearborn	<u>n</u>
	Address	
	Chicago III. 606	02
	City/State and Zip Code	
	rtrainor@trainorltd	l.com
E	rtrainor@trainorItd -mail address: (to be used for future annu	al report notification)
For fi	orther information concerning the	nis matter, please call:
	Richard Trainor	at (312) 346-1373
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRES	SS: MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the f	ollowing amount:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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:	First Olive Properties LLC.
2. (a) Principal office address of limited liability comp	any: 1101 13th St. west
(Note: MUST BE STREET ADDRESS)	Riviera Beach Fl. 33404
(b) Mailing address of limited liability company:	1101 13th St. west
(<u>Note: MAY BE POST OFFICE BOX</u>)	Riviera Beach Fl. 33404
05/03/10	L10000047228
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Robert J Trainor
Registered Office Address:	1101 13th St. west Riviera Beach Fl. 33404
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1101 13th St. west Riviera Beach Fl. 33404 ,FL
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the chang of the members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	a Elamida atmost address of the registered office
RICHARO D TRAINOR Printed or typed name of signee	**************************************
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
Signature of Registered Agent	

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