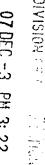
(Reques	stor's Name)				
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PICK-UP	TIAW	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
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12/03/07--01023--019 **25.00







Charles J. Bartlett

2033 Main Street Suite 600 Sarasota, FL 34237 941.953.8113 Fax: 941.366.6384 cbartlett@icardmerrill.com

icardmerrill.com

November 29, 2007

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> RE: 301 North, LLC

Dear Sir or Madam:

Enclosed herewith please find a Statement of Change of Registered Office and Registered Agent for the referenced entity. Also enclosed is a check in the amount of \$25.00.

If you need anything further, please contact me.

Very truly yours,

ICARD, MERRILL, CULLIS,

TIMM, FUREN & GINSBURG, P.A.

Sharon Firlotte

Certified Paralegal to

Charles J. Bartlett

Enclosures

• 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. The name of the limite	ed liability comp	oany is: 301 North, L	LC		•
2. The mailing address o	f the limited liab	oility company is:	150 Brightwater Blvd., St.	Petersburg,	FL 33़704
May 26, 2005			L05000052647		·
3. Date of filing/registration in Florida			4. Document number		
5. The name of the registr Florida Department of	State:	J	address as shown on the r	ecords of the	e
	Brenden S. IV	Moriarty, Esquire Name			
	1111 3rd Aven	nue West, Suite 21	Λ		
	1111 510 7461	Address		. 0	DIV.
	Bradenton, FL 34205			77	SEC
	City, State and Zip		ip	07 DEC	黑海
6. The name and address of the new registered agent and/or office:		3	1, 3, 4,		
	Charles J. Bar	rtlett, Esquire		PH	
		Name		3: 22	•••
	2033 Main Stre	eet, Suite 600		8	
	Florida street	address (P.O. Box	NOT acceptable)	, ,	
	Sarasota	FL 3423	37		
		City, State and Zip)	_	
confirmed that after the cand the business office of liability company, it is he	hange or change the registered a creby confirmed nited liability co	es are made, the Flo gent will be idention that the change(s) company or as othery	ws of the State of Florida, orida street address of the ical. Or, in the case of a Fl was/were authorized by ar wise provided in the article	registered of orida limited 1 affirmative	vote
(Signature of a member or author	rized representative of	f a member)			
Robert D. Markley, Truste	эе				
(Printed or typed name of signee)				
	nintment as regis ns of all statutes ad accept the obl this document is a that the limited	tered agent and ag relative to the proj ligations of my post being filed to mere l liability company	ree to act in this capacity. Ser and complete perform ition as registered agent a ely reflect a change in the has been notified in writir	I further as ance of my d is provided fo registered o ng of this chö	gree to luties, or in ffice inge.
(Signature of Registered Agent) CHARLES J. BARTLETT Division	, ESQUIRE on of Corporati	ons, P.O. Box 632	7, Tallahassee, FL 32314	4	

FILING FEE: \$25.00