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Office Use Only



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SECRETARY OF STATE
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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---------------------------------------------------|----------------------------------------|-----------------------------------------|--|
| | | | |
| SUBJECT: KnowledgeSeek LLC | | | |
| (Name of I | Limited Lia | bility Company) | |
| | | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered C | Office Chan | ge and fee(s) are submitted for filing. | |
| Please return all correspondence concerning | this matter | to the following: | |
| | | | |
| Fernando P. Salam | | | |
| (Name of Person) | • | | |
| | | | |
| KnowledgeSeek LLC | | | |
| (Firm/Company) | ······ | h-man-spa- | |
| 2005 Comtaction Divis | | | |
| 3095 Canterbury Drive (Address) | | <u></u> | |
| (Audiess) | | | |
| Boca Raton, FL 33434 | | | |
| (City/State and Zip Code) | | ******** | |
| | | | |
| For further information concerning this matt | er, please c | all: | |
| i or range missingmen sensorming and man | .c., p.c | | |
| Fernando P. Salam | at (561 | չ 213-835 9 | |
| (Name of Person) | _ ~~ \ | (Area Code & Daytime Telephone Number) | |
| | | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations P.O. Box 6327 | | |
| Clifton Building 2661 Executive Center Circle | Tallahassee, Florida 32314 | | |
| Tallahassee, Florida 32301 | | ananassee, Piorida 32314 | |
| Enclosed is a check for the following | ng amount: | | |
| ✓ \$25 Filing Fee | \$55 Filing Fee & Certified Copy | | |
| TI ASS Y WITH Y AS | لــا | To I ming I so at Continue Copy | |

INHS18 (8/05)

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.

| 30 , 0. 22, | | | |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 1. The name of the lim | ited liability company is | S: KnowledgeSeek LLC | • |
| 2. The mailing address | of the limited liability | company is : 3095 Canterbury Drive |) |
| Boca Raton, FL 33434 | | | · |
| 06/19/2007 | | L07000064265 | |
| 3. Date of filing/registr | ration in Florida | 4. Document numb | er |
| 5. The name of the regin Florida Department | | istered office address as shown on | the records of the |
| | | SERVICE COMPANY | |
| | | Name | |
| | 1201 HAYS STREE | | |
| Address | | | TALL SE |
| | TALLAHASSEE FL | 32301 US V, State and Zip | APR 21 CRETAR LAHAS |
| | • | • | PA 2 |
| 6. The name and addres | ss of the new registered | agent and/or office: | RY O |
| | FERNANDO P. SA | LAM | APR 21 AM II: II CRETARY OF STATE LAHASSEE FLORI |
| | | Name | HII: 18 PFLORIDA |
| | 3095 Canterbury Drive | | 8E 5 |
| | Florida street addre | ss (P.O. Box NOT acceptable) | ₽` |
| | Boca Raton | FL 33434 | |
| | City, | State and Zip | |
| confirmed that after the and the business office liability company, it is of the members of the or the operating agreen | change or changes are to of the registered agent whereby confirmed that the | d under the laws of the State of Florande, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized by or as otherwise provided in the active company. | f the registered office f a Florida limited by an affirmative vote |
| Fernaudo | R Salari | | |
| (Printed or typed name of sign | | | |
| ` | pointment as registered ions of all statutes relati and accept the obligatio if this document is being that the limited liabil | agent and agree to act in this cape we to the proper and complete per ons of my position as registered ag g filed to merely reflect a change i lity company has been notified in v | acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change. |

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