

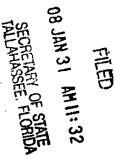
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M. Thomas FEB - 1 2008,

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Know The Law, LLC	
(Name o	of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
James Konish, MGRM	· · · · · · · · · · · · · · · · · · ·
(Name of Person)	
Know The Law, LLC (Firm/Company)	<u>2</u>
Post Office Box 2309	·
(Address)	
Gainesville, FL 32602	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
James Konish	at (352) 375-1767
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ving 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.	The name of the limited liability company is: Know The L	aw, LLC	<u></u> .		
2.	2. The mailing address of the limited liability company is:				
Po	ost Office Box 2309, Gainesville, FL 32602		·		
6/25/07		L07000066770			
3. Date of filing/registration in Florida		4. Document number			
5.	The name of the registered agent and the registered office Florida Department of State:	address as shown on the records of	f the		
	James Konish				
	Name				
	918-B NE 2nd Street				
	Address				
	Gainesville, FL 32601 City, State and Z	in .			
	• •	•			
О.	The name and address of the new registered agent and/or	office.	0		
	Kevin E. Leary	ASS	<u>ب</u>		
	Name Name	圣光	08 JAN 31		
	4131 NW 28th Lane, Suite 5A	NOT seemable)	ALE 1		
	Florida street address (P.O. Box	NOT acceptable)	· 3 - C		
	Gainesville FL 3260	06 E	M 11: 32		
	City, State and Zip		A 23		
co an lia of or	the limited liability company is not organized under the landifference that after the change or changes are made, the Flod the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) the members of the limited liability company or as others the operating agreement of the limited liability company.	orida street address of the registered cal. Or, in the case of a Florida limi was/were authorized by an affirmat:	by l office ited ive vote		
Ja	mes Konish, MGRM				
_	rinted or typed name of signee)				
I co an Ch ad	hereby accept the appointment as registered agent and ag mply with the provisions of all statutes relative to the proj may be the obligations of my post papter 608, F.S. Or, if this document is being filed to mere dress, I hereby confirm that the limited liability company	ree to act in this capacity. I further per and complete performance of m tion as registered agent as provide ely reflect a change in the registered has been notified in writing of this c	r agree to y duties, d for in d office change.		
(Si	gnature of Registered Agent)				

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

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