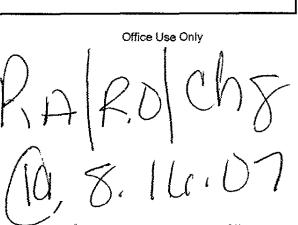
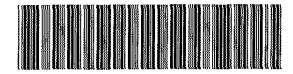
P01000050452

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	iy/State/Zip/Phone	e#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Coples	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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COVER LETTER

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	ent Section of Corporations		
SUBJECT: Tec	chKnowData, Inc.	poration)	
DOCUMENT N	UMBER: P01000050452		
The enclosed Sta	tement of Change of Registered Office/A	Agent and fee are submitted for filing.	
Please return all	correspondence concerning this matter to	o the following:	
	Lorraine Torrisi		
(Name of Contact Person)			
	(Firm/Com	pany)	
	`		
	4470 Jim Branch Road		
	(Addres	SS)	
	Kissimmee, FL 34744		
	(City/State and	Zip Code)	
For further inform	mation concerning this matter, please cal	! :	
Lorraine Torrisi		at (407) 892-2339 (Area Code & Daytime Telephone Number)	
(ì	Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a \$35	5.00 check made payable to the Departm	ent of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

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

	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut Thange is submitted for a corporation organized under the laws of the State of <u>Flori</u> c	
in orde	der to change its registered office or registered agent, or both, in the State of Florid	<i>a.</i>
1. The name of	of the corporation: Techknowdata, Inc.	
2. The principal	al office address: 4470 Jim Branch Road	
Kissimmee	e, Florida 34744	
3. The mailing a	g address (if different):	
4. Date of incor	orporation/qualification: 05/14/2001 Document number: P0100005045	52
	and street address of the current registered agent and registered office on file with the partment of State:	:
	Marino, Richard	
	3196 Misty Mourning Ct	
	St. Cloud, FL 34771 US	- '49*****
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office):	OT AUG 10 AH 8: 1
	Lorraine Torrisi	5
	4470 Jim Branch Road	10 AH 8:
	(P.O. Box NOT acceptable)	တ္
	Kissimmee, FL 34744 US	
The street addr as changed wil	dress of its registered office and the street address of the business office of its reg	istered agent,
Such change wathorized by	was authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	er so
Thirt	Wesley E. Nellis, President (Printed or typed name and title)	
I hereby accept I further agree of my duties, a document is be corporation ha	r ppt the appointment as registered agent and agree to act in this capacity pe to comply with the provisions of all statutes relative to the proper and complet and I am familiar with and accept the obligation of my position as registered ag being filed merely to reflect a change in the registered office address, I hereby co has been notified in writing of this change.	e performance ent. Or, if this nfirm that the
_ Der	Uarie Varrioi 8-7-07 (Signature of Registered Agent) (Date)	
If signing on b	behalf of an entity:	
Lorraine Torr		
((Typed or Printed Name)	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)