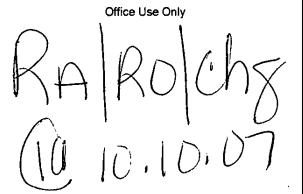
P05000118570

(Re	questor's Name)	·						
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	_ Certificates	s of Status						
Special Instructions to Filing Officer:								





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09/20/07--01050--004 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: O I KNOW INC. (Name of Corporation)
DOCUMENT NUMBER: P 05 000 / 1 8570
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHR'S TOPHER ALAW HARDEW (Name of Contact Person)
OILWOW INC. (Firm/Company)
(Firm/Company)
812 WHITEWATER DR. (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
CHRISTOPHEN ALAWHARDEN at (803) 945-7906 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2007

CHRISTOPHER ALAN HARDEN OIKNOW, INC. 812 WHITEWATER DR. IRMO, SC 29063

SUBJECT: OIKNOW, INC. Ref. Number: P05000118570

We have received your document for OIKNOW, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

New agent signature must be original, photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Document Specialist

Letter Number: 007A00056234

RECEIVE DO 2007 OCT 10 AM 8: 00 SECRETARY OF STATE TALLAHASSEE, FLORID

in you have any questions ochostning the litting of your decursion, there are

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

Pursuant to the pro statement of change in order to	e is submitted fo	or a corporation		he laws of the Sta	ate of <u>FL</u>	er ida
1. The name of the	corporation:	OIKNO	10,1 MC.	1		· · · · · · · · · · · · · · · · · · ·
2. The principal off		*	-	DR.		
		IRMO,	SC 2901	63		
3. The mailing addr	ess (if different	t):	——————————————————————————————————————	*****	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
4. Date of incorpora	ation/qualificati	ion: August 25	5,2e05 _{Docum}	ment number:	P0500	0118570
5. The name and str Florida Departme		the current registe	ered agent and reg	gistered office on	file with the	
_	Chris	topher Ali	an Harder	<u> </u>		
_	18001	RICHMOND	PC. DR#3	16	<u>.</u>	
	TAMP	4 FL 33	647		<u></u>	0 0 '
6. The name and str (if changed):	rect address of t	the new registere	d agent (if change	ed) and /or registe	ered office	SECRETARY OF S
_	GEC	ORGE R.B	ORAINO		·	
	260	15 HERW (P.O. Box NOT acc	DONST.			F STATE
		LRICO, FL	~ .			3 OK
The street address as changed will be	of its registere identical.	d office and the	street address of	the business offi	ce of its regis	stered agent,
Such change was a authorized by he	outhorized by r	esolution duly a orporation has be	dopted by its boa	rd of directors o	r by an office ige.	r so
	an officer or direc		Chro	stopher ().	Harden S	President
I hereby accept the I further agree to coff my duties, and I document is being corporation has be		,	ent and agree to ll statutes relativ ie obligation of n e in the registered iange.	`	,	performance it. Or, if this firm that the
(Signate	ure of Registered Ag	gent)		10-4-1 (Date)	07	
If signing on behal	lf of an entity:					
George	R. Boy	raiko				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *