P97000023613

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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RA address Chg.

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COVER LETTER

	ment Section n of Corporations				
SUBJECT:_Ne	etworked Knowledge Systems, Inc.	of corporation	n)		 -
		•			
DOCUMENT	NUMBER: P97000023613				
The enclosed St	atement of Change of Registered C	Office/Agent a	nd fee are	submitted for filing.	•
Please return al	correspondence concerning this m	atter to the fo	llowing:		
k - 14	Stacey J. Bravick (Name of	Contact person	on)		
·	Networked Knowledge Systems, In (Firm	nc. m/Company)			The state of the s
	6015 Benjamin Road Suite 315	Address)			
و د ۱۰۰۰	Tampa, Florida 33634 (City/sta	ate and zip coo	le)		-
For further info	rmation concerning this matter, ple	ase call:			
Stacey J. Bravio		at (_81	3	594-0058	
	Name of contact person)	(A	rea code	594-0058 & daytime telephone	number)
Enclosed is a \$3	35.00 check made payable to the De	epartment of S	State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division 409 E. G	ddress: nent Section of Corporations aines Street see, FL 32399	

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

		2, 607.1508, or 617.1508, Florida Statutes, ized under the laws of the State of Florida	this
	· -	red agent, or both, in the State of Florida.	····
1. The name of the	corporation: Networked Knowledge S	ystems, Inc.	
	ice address: 6015 Benjamin Road, Su		
Tampa, Florida			135 A
3. The mailing addr Tampa, Florida	ess (if different): P.O. Box 20772 33622		DAE S
4. Date of incorpora	tion/qualification: 03/17/1997		
5. The name and str Florida Departme		ent and registered office on file with the	4
Sta	acey J. Bravick		
781	19 N. Dale Mabry, Suite 208		. •
. 	mpa, Florida 33614		
(if changed):	eet address of the new registered agent acey J. Bravick	(if changed) and /or registered office	
60	15 Benjamin Road, Suite 315		
	(P.O. Box NOT acceptable)		
Ta	mpa, Florida 33634		
The street address of as changed will be	of its registered office and the street a	address of the business office of its register	red agent,
Such change was a authorized by the b	uthorized by resolution duly adopted oard, or the corporation has been not	by its board of directors or by an officer s ified in writing of the change.	0
		Jason Holloway, CEO	
	an officer of director)	(Printed or typed name and title)	
I hereby addept the I further diree to co of my duties, and I d document is being f corporation has bee	appointment as registered agent and property with the provisions of all statu an familiar with and accept the obligited merely to reflect a change in the en notified in writing of this change.	l agree to act in this capacity, tes relative to the proper and complete pe gation of my position as registered agent. registered office address, I hereby confir	rformance Or, if this on that the
XXXX 11149	Tomal -	10/20/04	
<i>(v v</i>	re of Registered Agent)	(Date)	
If signing on behalf	of an entity:		
/Town d	or Printed Nama)		

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