

P97000023613

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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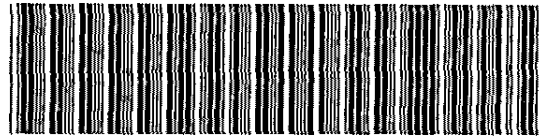
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Networked Knowledge Systems, Inc.
(Name of corporation)

DOCUMENT NUMBER: P97000023613

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:

Stacey J. Bravick
(Name of contact person)

Networked Knowledge Systems, Inc.
(Firm/Company)

6015 Benjamin Road Suite 315
(Address)

Tampa, Florida 33634
(City/state and zip code)

For further information concerning this matter, please call:

Stacey J. Bravick at (813) 594-0058
(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
409 E. Gaines Street
Tallahassee, FL 32399

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- FILED
MAR 26 PM 12:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

Tampa, Florida 33614

- (P.O. Box NOT acceptable)

Tampa, Florida 33634

(Signature of an officer or director)

(Printed or typed name and title)

Shirley Z. Bawle
(Signature of Registered Agent)

(Date)

(Typed or Printed Name)

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314