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SECRETARY OF STATE
ANASSEE, FLORIDA

K.SALY EXAMINER JUL - 9 2013

## **COVER LETTER**

*TO: Registration Section Division of Corporations		
SUBJECT: Maning Consult: Name of	in LLC Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Kelly Straub Name of Person		
Marjing Consulting, LCC Pirm/Company		
8787 Bay colony Dri	ve Sude 1404	
Naples FL 34108 City/State and Zip Code		
E-mail address: (to be used for future ammal report)	notification)	
For further information concerning this matt	ter, please call:	
Kelly Straub Name of Person	at (917 ) 370 - 2530  Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
<b>△</b> \$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 608.56 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered
1. Name of the limited liability company: Marjing	Consulting, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Susta 1464 Naples, FL 34108
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Suite 1464 Naples FL 34108 3
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Kelly M. Straub 95 8
Registered Office Address:	11198 Polo Club Pol <sup>P</sup> Wellington FL 33414
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEV</b>	W Registered Office address:
NEW Registered Agent:	Kelly Straub
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8787 Boy Colony Drive Suite 1404 U Naples FL 34108
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	aws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Signature of a parither or authorized representative of a member	
Printed or types name of signer	_
•	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or Lints document is being filed to me address, I hereby earlier that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.

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