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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Kid Orange Name of Limited	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	itter to the following:	
Peter H. Smith		
Kid Orange Comput	er.	
433 Plana Real #2-	15	
BOCA RATON FL 3343 City/State and Zip Code	32	
PSMith @ ICI domanded E-mail address: (to be used for future annual report notification	teen.com	
For further information concerning this matter, plea	se call:	
FAILON Staropoli at (5	5101) 756 - 9414. Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
INHS18 (5/08)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

الم الم الم	
1. Name of the limited liability company:KIO()	range Computer/LC
2. (a) Principal office address of limited liability company	y: <u>433 Plaza Real #2</u> 75
(Note: MUST BE STREET ADDRESS)	Boca Ration FL 33432.
(b) Mailing address of limited liability company:	433 Plaza Real #275
(Note: MAY BE POST OFFICE BOX)	Boca Raton FL 33432.
7 12 2011 3. Date of filing/registration in Florida	L 1000079994 . 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	United States Corporation Agen
Registered Office Address:	13302 Winding OAK St. St. Arc
•	Tampa, F1. Folia
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address
NEW Registered Agent:	Smith, Peter HP
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	433 Pláza R #275 Boca Raton FL 33432.
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office
Reter U. Smith	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 609, F.S.) Or, if this document is being filed to me address, I sereby compine that the limited liability compan	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in or rely reflect a change in the registered office y has been notified in writing of this change.

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

Signature of Registered Agent