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COVER LETTER

Division of Co						
Naranja SUBJECT:	a Consulting, LLC					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Register	ed Agent/Registered Office	Change a	nd fee(s) are submitted for	r filing.		
Please return all corres	spondence concerning this m	natter to tl	he following:			
Howard Marx						
	Name of Person					
Naranja Consulting	g, LLC					
	Firm/Company					
1451 West Cypres	s Creek Road Suite 300	o o				
	Address					
Fort Lauderdale Fl	_ 33309					
C	ity/State and Zip Code			2016 SEC TALL		
howardmarx@me.	com			DEC 15 CRETARY AHASSE		
E-mail address: (to be used for future annual	report no	tification)	m [1]		
For further information	n concerning this matter, ple	ase call:		FIGURE 1		
Howard Marx		954 at (232 5453	: 55 ATE DRIDA		
Name	of Person		Area Code & Daytim	e Telephone Number		
Registration S Division of Co Clifton Buildin	orporations ng e Center Circle) 1 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	4		
Enclosed is a	check for the following am	ount:				
■ \$25 Filing I	[?] ee		\$55 Filing Fee & Certifie	d Copy		

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

1 Na	Name of the limited liability company:	Naranja Consulting, LLC					
2. (a)	Principal		(1	Mailing			
2. (u)	Principal office address of limited liabili (Note: MUST BE STREET ADD		('	·/	Mailing address of limited		
	1451 West Cypress Creek Road			1451 W	est Cypress Cree		
	Fort Lauderdale FL 33309		_	Fort Lau	uderdale FL 33309	9	
	08/29/2012			L120001	11129		
3.	Date of filing/registration in Fl	orida	4.		Document number		
5. (a)					_		
` ,	Registered Agent and Registered Office shown of	on the records of th	ne Florid	a Dept. of Stat	e :		
	D ' 100° 111 AUGUDE IV	DID 4 OFFICE 4	DDDVG	Dr.			
	Registered Office Address MUST BE FLO	<u>KIDA STREET AI</u>	<u>DDRES:</u>	<u>9</u>			
					_		
		, FL_			- IALI	2 2 3 4	
(b)	Howard Marx				> 표면	29 HB DEC	77
(0)	Enter name of NEW Registered Agent and/or N	NEW Registered (Office ad	dress:		5	
					(T)	U	FILED
	NEW Registered Office Address:				r- co		O
	1451 West Cypress Creek Road	Suite 300			ORIDA	55	
			 		_		
	Fort Lauderdale FL 33309	. FL					
the cha agent v was/wo the arti	imited liability company is not organized unge or changes are made, the Florida strvill be identical. Or, in the case of a Florice authorized by an affirmative vote of icles of organization or the operating agranter of a member or authorized representative of a	reet address of t rida limited lial the members of reement of the l	the regi bility c f the lin imited	stered offic ompany, it i nited liabilit	c and the business of is hereby confirmed t ty company or as othe mpany.	fice of hat the crwise	of the registered the change(s) the provided in
provisi the obl to mero notified	by accept the appointment as registered ions of all statutes relative to the proper igations of my position as registered agely reflect a change in the registered officin writing of this change.	agent and agre and complete p ent as provided ice address, I h	ee to ac perform for in ereby c	t in this cap iance of my Chapter 60. onfirm that	oacity. I further agred duties, and I am fam 5, F.S. Or, if this doc the limited liability c	e to c iliar v cumer compo	omply with the with and accept it is being filed any has been

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