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COVER LETTER

TO:	_	stration Section ion of Corporations				
		JETSET PILATES LLC				
SUBJE	ECT:	Name of Limited Liability Company				
Dear Si	ir or M	ladam:				
The end	closed	Registered Agent/Registered Offi	ce Change and fo	ce(s) are submitted for filing.		
Please	return	all correspondence concerning thi	s matter to the fo	ollowing:		
MICH	HAEL	SCHWARTZ				
		Name of Person		_		
Jewe	ett, Sc	chwartz & Associates				
		Firm/Company		_		
200 \$	S. Pa	rk Road Suite 150				
		Address		_		
Holly	wood	I, Florida 33021				
		City/State and Zip Code	***	_		
		@JETSETMIAMI.COM				
Е	-mail	address: (to be used for future ann	ual report notifie	ation)		
For fur	ther in	formation concerning this matter,	please cail:			
TAM	ARA (GALINSKY	305	815-1250		
		Name of Person	at (Area Code & Daytime Telephone Number		
	Regi Divi: Clifte 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle thassee, Florida 32301	Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314		
	Enci	osed is a check for the following	amount:			
	2 \$3	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 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. N	lame of the limited liability company: JETSET PILA	TES L	LC					
			b)					
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability of (Note: MAY BE POST OFFICE					-
	110 WASHINGTON AVE		110 WA	SHINGT	ON AVE			
	Miami Beach FL 33139		Miami B	each FL	33139			
	04/22/2010		L100000	43084				
3.	Date of filing/registration in Florida	4.		Documen	t number			
5. (a)				_				
	Registered Agent and Registered Office shown on the records of t	he Florida	a Dept. of State	::		∑ ∽	<u></u>	
	DANA KAUFMAN		•				9 3	
	Registered Office Address (MUST BE FLORIDA STREET A 1001 BRICKELL BAY DRIVE SUITE 2650	IDDRESS	<u>5)</u>				19 MAY 20	77
	MIAMI , FL	33131				25 S) AH	m
						EL 013	ά	O
(b)	Enter name of NEW Registered Agent and/or NEW Registered (-			DATE	34	
	chier name of NEW Registered Agent and/or NEW Registered (Office ad	<u>dress</u> :			. **		
	MICHAEL SCHWARTZ							
	NEW Registered Office Address:							
	200 S. Park Road Suite 150							
	HOLLYWOOD , FL3	33021						
he cha igent w was/we	imited liability company is not organized under the laws nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of cles of organization of the li	he regis bility co the lim	tered office mpany, it is ited liability iability com	and the but hereby concerns company company.	usiness of nfirmed t or as other	fice of hat the erwise p	the reg chang provid	gistered e(s)
<u> </u>			TAM	Printed or ty	CAU	MA	9_	
	ure of a member							_
I heret provision he obli o mere	by accept the appointment as registered agent and agre- cons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act performa for in C ereby co	in this capa ince of my d chapter 605, infirm that ti	city. I fur uties, and F.S. Or, ne limited	ther agree I am fam if this doc liability c	e to con iliar wi cument compan	nply w th and is bein y has i	ith the accept g filed been

Signature of Registered Agent