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SEGRETARY OF STATE
FALLAHASSEF, FLORID.

T. CLINE
JAN. - 8 2013
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HardRock LLC Name of Lim	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for	or filing.
Please return all correspondence concerning this	s matter to the following:	
Glennon Reidler Name of Person HardRock LLC Firm/Company		
155 Allens Ridge Dr. E Address Palan Harbor Fa 34683 City/State and Zip Code		2013 JAN - 7 PM 2: 4 SEGRETARY OF STATE TALL AHASSEE, FLORIC
hardrocurat @ mindspring. C E-mail address: (to be used for future annual report notifi		PH 2: 41 OF STATE E. FLORIDA
For further information concerning this matter,	please call:	
Glenma Reidler a	t (305) 542. 2/44 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 C	Сору

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.

1.	Nar	me of the limited liability company:	ROCK, LLC
2.	(a)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: 155 Allens Ridge Dr. E. Palm Harbor, FL 34683
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	155 Allens Ridge Dr. E. Palm Hurbor, FL 34683
		03/24/2005	L05000030256
3.	Dat	e of filing/registration in Florida	4. Document number
5.	(a)	Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
		Registered Agent:	Glennon Reidler
		Registered Office Address:	14030 Sd 21 St 300 8
			TI A THE PART OF T
	(b)	Enter name of NEW Registered Agent and/or <u>I</u>	EW Registered Office addres
		NEW Registered Agent:	Cynthia Reidle = 1
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14030 SW 21 Step 2
		Mesi BB i Ednibiis i NBB i IIBBNESS)	Davie >,FL 33325
If co	the l	imited liability company is not organized under t ned that after the change or changes are made, th	he laws of the State of Florida, it is hereby the Florida street address of the registered office

confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Glennon Reidler

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent