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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJECT: HARD EXERCISE WORKS STUART L.L.C. Name of Limited Liability Company				
Dear S	Sir or Madam:	• • •		
The er	nclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to the following:		
	MARK GREEVER Name of Person			
	HARD EXERCISE WORKS STUART Firm/Company	LL.C		
	1495 N.W. FEDERAL HWY. Address			
	STUART, FL 34994 City/State and Zip Code			
Ē.	mark@hardexerciseworks.com mail address: (to be used for future annual report notifi	cation)		
For fu	rther information concerning this matter,	please call:		
	MARK GREEVER a	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:				
	\$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 608.508, 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. Name of the limited liability company:HARD E	XERCISE WORKS ST	UART L.L.C.		
2. (a) Principal office address of limited liability compar	ıy: <u>1495 N.W. FE</u>	DERAL HWY.		
(Note: MUST BE STREET ADDRESS)	STUART, FL 34994			
(b) Mailing address of limited liability company:	1495 N.W. FEDER	RAL HWY		
(Note: MAY BE POST OFFICE BOX)	STUART, FL 34994			
MAY 19, 2010 3. Date of filing/registration in Florida	L100000541	125		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	MATTHEW HUNT	***		
Registered Office Address:	240 W. INDIANTOWN RI SUITE 106 JUPITER, FL 33478	D J J J J J J J J J J J J J J J J J J J		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office addres			
NEW Registered Agent:	MARK GREEVER	2: 22 2: 22		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1495 N.W. FEDERAL HV	#MY A		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability 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. May May Signature of a member or authorized representative of a member				
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company. Signature of Registered Agent	— agree to act in this capacity. oper and complete performan sition as registered agent as erely reflect a change in the ri y has been notified in writing	I further agree to ice of my duties, provided for in egistered office of this change.		

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