2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000054531

Entity Name: ETECH FITNESS LLC

FILED Oct 30, 2014 Secretary of State

| Current Principal Place of Business: | | New Principal Place o | f Business: | | |
|---|---------------------|---|--|-----------------------|--|
| 22050 MARANATHA WAY LEONARDTOWN, MD 20650 | US | 3753 NE 163RD STREE NORTH MIAMI BEACH, | | US | |
| Current Mailing Address: | | New Mailing Address: | New Mailing Address: | | |
| 22050 MARANATHA WAY LEONARDTOWN, MD 20650 US | | | 3900 NW 33RD AVENUE LAUDERDALE LAKES, FL 33309 US | | |
| FEI Number: 46-2569074 FEI Nu | Imber Applied For() | FEI Number Not Applicable() | Certificate o | of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | | |
| USA-RA LLC 841 PRUDENTIAL DRIVE 12TH FLOOR JACKSONVILLE, FL 32207 US | | LARSEN, EVELYN C MEMBER 3900 NW 33RD AVENUE LAUDERDALE LAKES, FL 33309 US | | | |
| The above named entity submits this statement for the nurnese of changing its registered office or registered agent, or bot | | | | | |

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

| SIGNATURE: EVELYN C. LARSEN | | 10/30/2014 |
|-----------------------------|--|------------|
| | Electronic Signature of Registered Agent | Date |

AUTHORIZED PERSONS:

Title:MGRMName:LARSEN, GLENNAddress:22050 MARANATHA WAYCity-St-Zip:LEONARDTOWN, MD 20650 US

 Title:
 MGRM

 Name:
 LARSEN, EVELYN

 Address:
 3900 NW 33RD AVENUE

 City-St-Zip:
 LAUDERDALE LAKES, FL 33309 US

Title:MGRMName:LARSEN, PEDERAddress:5490 W 21ST COURT #410City-St-Zip:HIALEAH, FL 33016 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statues.

| SIGNATURE: | GLENN H. LARSEN | MGRM | 10/30/2014 |
|---|-----------------|------|------------|
| Electronic Signature of Authorized Person | | | Date |