(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

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SECRETARY OF STATE
TALLAHASSEE, FLORDA
APR 3 0 2012 C. LEWIS ݦ Ω 25 **EXAMINER** 

## CORPORATE ACCESS, \_

"When you need ACCESS to the world"

INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN				
		PICK UP: 429 Almora		
		CERTIFIED COPY		
		РНОТОСОРУ		
		CUS		
		FILING RA Change		
1.		3 Peace Studios Holdings, LLC (CORPORATE NAME AND DOCUMENT#)		
2.				
		(CORPORATE NAME AND DOCUMENT #)		
3.		(CODDODATE NAME AND NOOTMENTO #		
		(CORPORATE NAME AND DOCUMENT #)		
4.		(CORPORATE NAME AND DOCUMENT #)		
_				
5.		(CORPORATE NAME AND DOCUMENT #)		
6.				
Ο,		(CORPORATE NAME AND DOCUMENT #)		
SPI	ECIA	L INSTRUCTIONS:		

## STÅTEMENT 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	2 3 Peace Studios Holdings, LLC		
2. (a) Principal office address of limited (Note: MUST BE STREET AD		NASHVILLE TN 37212	
		<u> </u>	
(b) Mailing address of limited liabilit	y company: 1920 ADELICIA ST, SI		
(Note: MAY BE POST OFFICE	E BOX) NASHVILLE, TN 37213	2 2 2 E	
		- RO - 1	
04-19-2012	L12000052896	型の量	
3. Date of filing/registration in Florida	4. Document nur	mber 95 58	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	INCORP SERVICES, I	NC.	
Registered Office Address:	17888 67TH CT NORT	ГН	
registered office readiess.	LOXAHATCHEE, FL 3		
(b) Enter name of <u>NEW Registered</u> A <u>NEW Registered Agent:</u>	Agent and/or NEW Registered Off	fice address:	
NEW Registered Office Address:	236 E 6th Ave.		
<u>(MUST BE FLORIDA STREET</u>		EL cocco	
	Tallahassee	,FL <u>32303</u>	
If the limited liability company is not org confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed the members of the limited liability company the operating agreement of the limited liability company.	es are made, the Florida street addre agent will be identical. Or, in the ca that the change(s) was/were authori- bany or as otherwise provided in the	ess of the registered office use of a Florida limited ized by an affirmative vote of	
Signature of a member or authorized representative of	a member		
Erika Easter Printed or typed name of signee			
I hereby accept the appointment as regis comply with the provisions of all statutes and I am familiar with and accept the ob- Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limited	tered agent and agree to act in this relative to the proper and complete ligations of my position as registere being filed to merely reflect a char I liability company has been notified	capacity. I further agree to e performance of my duties, ed agent as provided for in age in the registered office I in writing of this change.	

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

Signature of Registered Agent