DOCUMENT # L0000003070 1. Entity Name							FIL	ED	!	
PEACEFUL CHILDREN, LLC						01 APR 26 AM 10: 59				
	T					_	•		1	
Principal Place	e of Business		Mailing Address .				SECRETARY TALLAHASSI	E FLO	RIDA	
2268 KINGS POINT DRIVE LARGO FL 33774 2. Principal Place of Business Suite, Apt. #, etc.			2268 KINGS POINT DRIVE LARGO FL 33774 3. Mailing Address							11 11
		<i>.</i>								
			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				MJH
City & State	9		City & State		<u>-</u>	4. FEIN	Number - 3636420	· . <u>-</u>	·	pplied For
Zip	C	ountry	Zip	Country	*	i i	ificate of Status Desired		5.00 Add ee Require	
	6. Name and	Address of Current Reg	gistered Agent		Na	7. Nam	e and Address of New Re	gistered Aç	jent	
UCC FILING & SEARCH SERVICES, INC. 526 EAST PARK AVE.				Street Address		(P.O. Box N	Number is Not Acceptable)		1	
STE. 200 TALLAHASSEE FL 32302				<u> </u>	City.			FL	Zip Cod	9
		•			City			ᄄ	1 '	
3. The above	named entity sub		e purpose of changing it			red agent,	or both, in the State of Flor			
				ts registered						
		omits this statement for th	itle if applicable. (NO	is registered	office or registe	d when reinstat		DATE 194	1142	1 = -007 -50.80 =
3. The above	Signature, typed or prin	omits this statement for the	FILE N Make Check P	is registered	office or registe	d when reinstat	**************************************	DATE 1 94 1/01-0 50.00 CHANGES	1142	-007 50.80 s
O. TITLE HAME STREET ADDRESS	Signature, typed or prin	ornits this statement for the	FILE N Make Check P	NOW!!! FE	office or registered of the signature requires to the signature requir	d when reinstat	**************************************	DATE 1 94 1/01-0 50.00 CHANGES	1142	-007
SIGNATURE 9. TITLE NAME CITY-ST-ZIP TITLE NAME	Signature, typed or prin	omits this statement for the name of registered agent and the name of registered agent agent and the name of registered agent	FILE N Make Check P	IS registered ACTE: RAME TITLE NAME NAME	office or register gent signature require E IS \$50.00 Department	d when reinstat	**************************************	DATE 1 9 4 1/01-0 50.00 CHANGES	1142	-007 50.80 s
SIGNATURE	Signature, typed or prin	omits this statement for the name of registered agent and the name of registered agent agent and the name of registered agent	FILE N Make Check P S/MEMBERS Delete	IS registered ACTE: RAME TITLE NAME NAME	office or register gent signature require E IS \$50.00 Department	d when reinstat	**************************************	DATE 1 9 4 1/01-0 50.00 CHANGES	1142	-007 :50.80 =
9. DITLE NAME CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or prin	omits this statement for the name of registered agent and the name of registered agent agent and the name of registered agent	FILE N Make Check P S/MEMBERS Delete	IS registered ACTE: REGISTER NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME	office or register gent signature require EE IS \$50.00 Department ADDRESS -ZIP ADDRESS -ZIP	d when reinstat	**************************************	DATE 1 94 1/01-0 50.00 CHANGES	1142	-007. :50.80 ->
SIGNATURE _ D. DITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or prin	omits this statement for the name of registered agent and the name of registered agent agent and the name of registered agent	FILE N Make Check P S/MEMBERS Delete	IS registered ANOW!!! FE Payable to I 10. TITLE NAME STREET / CITY-ST TITLE NAME NAME NAME NAME NAME	office or register gent signature require EE IS \$50.00 Department ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	d when reinstat	**************************************	DATE 1 9 4 1/01-0 50.00 CHANGES	1142— ******** Change Change	-007.:50.80
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SIGNATURE: