

U2000052887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

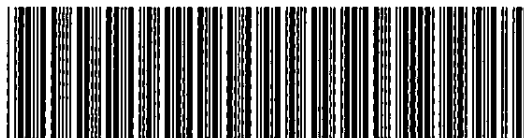
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

APR 30 2013  
L. SELLERS

Office Use Only



600246529476

04/29/13--01039--003 \*\*50.00

2013 APR 29 PM 12:20  
SUFFICIENCY OF FILING

2013 APR 29 PM 12:20

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2013 APR 29 PM 4:06  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

2013 APR 29 PM 4:06

FILED

**CORPORATE  
ACCESS,  
INC.**

*"When you need ACCESS to the world"*

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:**

4/29 Alinda

☐ **CERTIFIED COPY**

☒ **PHOTOCOPY**

☐ **CUS**

☒ **FILING**

RA Change

1.

3 Peace Studios, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

FILED  
13 APR 29 PM 4:06  
TALLAHASSEE, FLORIDA

**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: 3 Peace Studios, LLC

2. (a) Principal office address of limited liability company: 1920 ADELICIA ST, SUITE 300  
**(Note: MUST BE STREET ADDRESS)** NASHVILLE, TN 37212

(b) Mailing address of limited liability company: 1920 ADELICIA ST, SUITE 300  
**(Note: MAY BE POST OFFICE BOX)** NASHVILLE, TN 37212

04-18-2012

L12000052887

3. Date 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: INCorp SERVICES, INC.

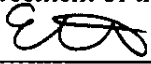
Registered Office Address: 17888 67TH CT NORTH  
LOXAHATCHEE, FL 33470

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: eResidentAgent, Inc.

**NEW** Registered Office Address: 236 E 6th Ave.  
**(MUST BE FLORIDA STREET ADDRESS)** Tallahassee FL 32303

If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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

Erika Easter

Printed or typed name of signee

*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 statutes 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

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