## L18000203561

(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:								

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08/21/19--01014--013 \*\*25.00

AUG 2 9 2019 | S. YOUNG

## **COVER LETTER**

TO:	Registration Section Division of Corporations									
SUBJE	Studio A.12, LLC	Studio A.12, LLC								
301301		Name of Limited Liability Company								
Dear S	ir or Madam:									
The en	closed Registered Agent/Registered Offic	ce Change and fe	e(s) are submitted for filing.							
Please	return all correspondence concerning this	s matter to the fo	llowing:							
Bradle	ey Akers									
	Name of Person		-							
Studio	o A.12, LLC									
	Firm/Company		-							
301 E	East Bay Street #407									
	Address		ļ							
Jacks	sonville, FL 32202		i							
	City/State and Zip Code									
	@studioa12.com		j							
E	E-mail address: (to be used for future ann	ual report notific	ation)							
For fu	rther information concerning this matter,	please call:								
Bradl	ey Akers	904 at (	420-6886							
	Name of Person		Area Code & Daytime Telephone Numl	ber						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Divi P.O.	istration Section sion of Corporations Box 6327 ahassee, Florida 32314							
Enclosed is a check for the following amount:										
	☑ \$25 Filing Fee	<b>\$55</b>	5 Filing Fee & Certified Copy							
INHS1	18 (2/14)									

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

I. Na	ame of the limited liability company: Studio A.12,	LLC				
2. (a)	Studio A.12		(b)	Studio A	.12	
(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)		Aailing address o	of limited liability company:  BE POST OFFICE BOX)
	301 East Bay Street #407			301 East	Bay Street	#407
	Jacksonville, FL 32202	_		Jackson	ville, FL 322	202
	August 25, 2018		8	3-17170	10	
3.	Date of filing/registration in Florida	- 4.			Document nu	imber
5. (a)	Bradley Akers					
J. (a)	Registered Agent and Registered Office shown on the records of	the Flo	orida I	Dept. of State	: :	
	Studio A.12					
	Registered Office Address (MUST BE FLORIDA STREET					
	406 Lora Street	-				' 
	Neptune Beach	322	66			
	, FI	<b></b>				
(b)	Bradley Akers					
	Enter name of NEW Registered Agent and/or NEW Registered					
	Studio A.12					 
	NEW Registered Office Address:					
	301 East Bay Street #407					
	Jacksonville	322	02			
	, FI					
	mited liability company is not organized under the la					
	nge or changes are made, the Florida street address or vill be identical. Or, in the case of a Florida limited li					
was/we	ere authorized by an affirmative vote of the members	of the	limit	ed liability	company or	as otherwise provided in
tne arti	cles of organization or the operating agreement of the	limit		•	• •	 {
Signat	ture of a momber or authorized representative of a member	_		Porna	Printed or type	I name of signee
· <del>-</del>	by accept the appointment as registered agent and ag	raa ta				
provisi the obl. to mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to perfo d for hereb	act i irmai in Cl y coi	n ints capa ace of my a aapter 605, afirm that t	luties, and I a F.S. Or, if the he limited lia	r agree to comply with the integral accept his document is being filed bility company has been
Signatur	r of Register Agent					

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