## 07000105811

(Re	equestor's Name)				
(Ac	Idress)				
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(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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Office Use Only

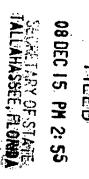


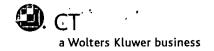
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B. KOHR DEC 1 5 2008

**EXAMINER** 





CT 1203 Governors Square Blvd. , Suite 101 Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

December 15, 2008

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 7436224 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

New Direction Publishing Co., LLC (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0 ange is submitted for a corpo				
-	er to change its registered of	_	•	•	
1. The name of	the corporation: NEW DIRE	CTION PUBLISE	ING CO., LLC		
	office address: ONE INDEP			LLE FL 32202	
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 10/1	7/2007	Document number	: L07000105811	
	d street address of the curren rtment of State: (If resigned,		nt and registered office	e on file with the	
	CORPORATION SERVICE	E COMPANY			Ø.
	1201 HAYS STREET				PEC 15 PH
	TALLAHASSEE, FL 32301	I		<b>3</b>	5
6. The name an (if changed):		egistered agent (		gistered office	2:55
	c/o C T Corporat	ion System, 1200	South Pine Island Roa	id .	
	(P.O. Box	x NOT acceptable)		<del></del>	
		Plantation, Florid	a 33324		
	ess of its registered office a l be identical. as authorized by resolution the board, or the corporation				
Meli (Signal	Malduture of an officer or director)		MENUN MC	ped name and little	Member
I further agree of my duties, a dacument is be	t the appointment as registe to comply with the provision and I am familiar with and a ing filed merely to reflect a is been notified in wrying o	ons of all statute eccept the obliga echange in the r	igree to act in this ca s relative to the prop ition of my position a egistered office addr	pacity. ver and complete per vs registered agent. ess, I hereby confiri	formance Or, if this n that the
By: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	C T Corporation System	ach	12-10	-08	
,	ignature of Registered Agent) ehalf of an entity:		(I	Date)	•
	ionna Cuddihy Typed or Printed Name) Assistant Secretary	FILING FEE:	· \$35 በበ * * *		
•		TILING FEE	455.00		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

## **POWER OF ATTORNEY**

NOTICE IS HEREBY GIVEN THAT <u>Gregory D. Hollandf MPS</u> Group ("the Corporation"), a Corporation formed under the laws of Florida and of the subsidiary entities shown on the list appended hereto does hereby appoint Melvin Maldonado and Madonna Cuddihy as attorney-in-fact for the Corporation and for the subsidiary entities to act for the Corporation and of the subsidiary entities for the limited purposes authorized herein.

The Corporation and the subsidiary entities, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary registered agent and registered office, or the agent and office of similar import, in any state.

In the execution of any documents necessary for the purposes set forth herein, Madonna Cuddihy shall exercise the power of Vice President (or Member/Manager for an LLC) and Melvin Maldonado or Madonna Cuddihy shall exercise the power of Secretary (or Member/Manager for an LLC).

Corporation.	rAttorney	y expires when revoked by .				at, & Secretar	or the y
IN WITNESS Novem		OF the undersigned has ex	ecuted this	S Power of	Attorney on t	this <u>24†h</u>	_ day of
MPS GROUP		D//	armo, m. v.				
By Authorized Person:_	<u>L</u>	4117					
	Name: Title:	Gregory D. Holla Senior Vice Pres and Secretary		Chief	Legal O	)fficer	
STATE OF FLOR	21.06	7)					
COUNTY OF DU	VAL	) ss )					
Subscribed and sworn to	o before i	me this <b>24</b> day of <b>NO</b>	iem l	ber	, 200	0 <b>8</b>	



Notary Public