8/25/2021



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000319120 3)))



H210003191203ABCT

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number :

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:					
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LLC REGISTERED AGENT CHANGE WORLD POLITICS REVIEW LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

AUG 2 6 2021

A. LUNT

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Corporate Filing Menu

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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	WORLD POLITICS REVIEW	r. WORLD POLITICS REVIEW LLC					
00000		of Limited Lia	bility Company				
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered Offic	e Change and f	ce(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the fe	ollowing:				
Cheye	enne Moseley						
	Name of Person		_				
Legal	zoom.com, Inc.						
_	Firm/Company		_				
101 N	I. Brand Blvd., 10th Floor						
	Address		_				
Glend	dale, CA 91203						
	City/State and Zip Code		_				
	ton@worldpoliticsreview.com		_				
E	-mail address: (to be used for future annu	al report notific	cation)				
For fur	ther information concerning this matter, p	olease call:					
Cheye	enne Moseley	800 at (773-0888 ext 9724				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	istration Section ision of Corporations Box 6327 ahassee, Florida 32314				
	Enclosed is a check for the following amount:						
	□ \$25 Filing Fee	2 \$5	5 Filing Fee & Certified Copy				

To: +18506176383

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.

1.	Na	me of the limited liability company: WORLD POL						
2	(a) 401 E. Jackson St, Suite 3300		(b) 401 E. Jackson St, Suite 3300					
Δ,	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Tampa, FL 33602		Tan	npa, FL 33602			
			_	,			<u> </u>	
		40440/0000	.	1.000	00447400			
,		12/10/2009	4.		00117498 Document number			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	CORPORATION SERVICE COMPANY						
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1201 HAYS STREET			of State:	%	ڀ	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			***************************************	2021 AUG	SIAIG	
				AUG				
		TALLAHASSEE ,FL 32301				25	FILE OF CC	
						₽	ED Y OF STAIL	
	(h)					AN 0:	S T	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				= :		
		UNITED STATES CORPORATION AGENTS	UNITED STATES CORPORATION AGENTS, INC.					
		NEW Registered Office Address:						
		5575 S. Semoran Blvd., Suite 36						
		Orlando FI.	32822	2				
th ag	e cha gent v as/w	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of the operating agreement of the	s of th the reg bility of the linited	e State istered compan nited li liabilit	office and the business off y, it is hereby confirmed the ability company or as othe by company.	fice of th hat the cl	ie registered hange(s)	
Signature of almember or authorized representative of a member Printed or typed name of signee								
1	horo	hy occars the appointment as registered agent and agre	e to a	et in thi	is canacity. I further agree	e to com	ply with the	
pi th to no	rovisi e obt mer stifte	ions of all statules relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have tung of this change. CHEYENNE MOSELEY, ASSISTANT SECRETARY STATES CORPORATION AGENTS, INC.			of my auties, and I am Jamier 605, F.S. Or, if this doc I that the limited liability c	unar witi ument is ompany	r and accept s being filed has been	
S	ignati	ore of Registered Agent						