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To:

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE PARIS PUBLISHING COMPANY LLC

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## 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.

2. (a)		(b)	and the state of t	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	7901 4th St N STE 300	<u> </u>	7901 4th St N STE 300	
	St. Petersburg FL 33702		St. Petersburg FL 33702	
	02/01/2016	L	.16000021717	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	PARIS, TAYLOR C			
J. (u)	Registered Agent and Registered Office shown on the records	s of the Florida [	Dept. of State:	
	7512 Dr. Phillips Blvd			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		
	Suite 50-226			
	ORLANDO	FL <sup>32819</sup>		
<b>(</b> b)	Northwest Registered Agent LLC		125 J.	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		2025 JAN 16	
	7901 4th St N		· · · · · · · · · · · · · · · · · · ·	
	NEW Registered Office Address:		<del></del>	
	STE 300		N 2	
	St. Petersburg	33702 FL_		
the cha agent ' was/w	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the street of the	s of the registed I liability comes rs of the limit	tered office and the business office of the registered in pany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.	
Signa	iture of a member or authorized representative of a member		Printed or typed name of signee	
I here provis	hy accept the appointment as registered agent and a ions of all statutes relative to the proper and compl ligations of my position as registered agent as prov- ely reflect a change in the registered office address	agree to act it ete performan	in this canacity. I further agree to comply with the	