M00000319

(Red	questor's Name)					
(Add	dress)					
(Add	iress)					
(City	//State/7in/Phon	0.#)				
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bus	siness Entity Nar	me) .				
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
		DB				
		,				

Office Use Only



300111457003

10/31/07--01015--021 **25.00

07 OCT 31 AM 11: 19
SECKETARY OF STATE
ALLAHASSEE, FLORING

COVER LETTER

Division of Corporations			
SUBJECT: World Publications II, LLC (Name of Li	imited Liability Company)		
(,,		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	office Change and fee(s) are submitted for filing.		
Plane rature all correspondence concerning t	this matter to the following:		
Please return all correspondence concerning t	uns matter to the following.		
Jeremy Thompson			
(Name of Person)	07 TALI		
D	OCRE		
Bonnier Corporation (Firm/Company)	ASA 3		
(t min company)	Sign of the state		
460 N. Orlando Avenue, Suite 200	AH II: II		
(Address)	ORI		
	9 A		
Winter Park, FL 32789			
(City/State and Zip Code)			
For further information concerning this matte	er, please call:		
Jeremy Thompson	at (407) 571-4715		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	g amount:		
 ✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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. The name of the limite	d liability compar	ny is: World Publica	tions II, LLC		
2. The mailing address of	the limited liabil	lity company is: 46	60 N. Orlando Avenu	e, Suite 200	
Winter Park, FL 32789					
02/16/00			M00000000319		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the registe Florida Department of S		registered office a	ddress as shown on	the records of	fthe
•	Snow, Terry		•	-=	
		Name	,	07 SE(
•	460 N. Orlando	Avenue, Suite 200)	- <u>}</u>	
		Address		07 OCT 31 SECRETAR ALLAHASS	
Winter Park, FL 32789			L		
		City, State and Zip)	ing ≥	
6. The name and address	of the new registe	ered agent and/or of	ffice:	AM II: 19 10: STATE E. Florida	
	Jeremy Thomps	son, c/o Bonnier (Corporate	<u> </u>	
		Name	- "		
	460 N. Orlando /	Avenue, Suite 200			
	Florida street ac	ddress (P.O. Box N	OT acceptable)		
	Winter Park	FL 32789)		
	C	City, State and Zip			
If the limited liability conconfirmed that after the cland the business office of liability company, it is her of the members of the lin or the operating agreement	nange or changes the registered age reby confirmed the liability come to of the limited liability come.	are made, the Florent will be identical the change(s) was otherwall ability company.	ida street address of l. Or, in the case of as/were authorized	the registered f a Florida lim by an affirmat	l office ited ive vote
(Signature of a member or author	zed representative of a	member)			
Terry Snow (Printed or typed name of signee)					
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608 A.S. Or, if address, I hereby confing	intment as registe s of all statules re d accept the oblig his document is b that the limited l	ered agent and agre elative to the prope gations of my posit being filed to merel iability company hi	ee to act in this cape or and complete per on as registered ag y reflect a change it as been notified in v	ncity. I furthen formance of ment as provide n the registere vriting of this	r agree to ry duties, d for in d office change.
(Signature of Registered Agent)	n of Cornoratio	ns. P.O. Rox 6327	, Tallahassee, FL 3	32314	

FILING FEE: \$25.00