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SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: World Publications III, LLC (Name of	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Jeremy Thompson, Esq.	
(Name of Person)	
Bonnier Corporation	
(Firm/Company)	
460 N. Orlando Avenue; Suite 200	
(Address)	
Winter Park, FL 32789	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Jeremy Thompson	at (407) 571-4715
(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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ing 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 comp	any is: World Publications III, LLC			·
2. The mailing address of	f the limited liab	oility company is : 460 North Orlando Avenu	ue, Suite 20	00,	
Winter Park, FL 32789					
11/07/2001		M01000002504			
3. Date of filing/registration in Florida		4. Document number			
5. The name of the register Florida Department of	ered agent and the State:	ne registered office address as shown on th	ie records	of the	
1	NRAI Service	es, Inc.			
		Name			
	2731 Executive	e Park Drive; Suite 4			
		Address	TAT AT	2	
	Weston, FL 33			<u>3</u>	
		City, State and Zip	¥£	8	0.20.20.20
6. The name and address of	of the new regist	tered agent and/or office:	CRETARY	08 FEB 14	
	Jeremy Thomp	oson, Esq. c/o Bonnier Corporation	OF STATE	뫈	
		Name	0] I.S		
	460 North Orlai	ndo Avenue	ŖΞ	1: 47	- Carrier
	Florida street	address (P.O. Box NOT acceptable)	₽m	7	
	Winter Park	FL 32789			
	1	City, State and Zip			
confirmed that after the chand the business office of liability company, it is her	nange or changes the registered as reby confirmed to inted liability con	unized under the laws of the State of Florida street address of the gent will be identical. Or, in the case of a that the change(s) was/were authorized by impany or as otherwise provided in the artificiability company.	e registere Florida lir an affirma	ed offic nited ative v	ote
(Signature of a member or authori	zed representative of	a member)			
Jeremy Thompson	/				
(Printed or typed name of signee)					
I hereby accept the appoi comply with the provision and I am familiar with and Chapter 608, F.S. Or, if h address, I hereby confirm	ntment as regists of all statutes in accept the oblining accept the oblining accept the different is the amited	ered agent and agree to act in this capaci. relative to the proper and complete perfor gations of my position as registered agent being filed to merely reflect a change in the liability company has been notified in wri	ty. I furthe mance of i ' as provid te register ting of this	er agre my dut led for ed offi s chan	e to ies, in ce ge.
(Signature of Registered Agent)	/	·			

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