

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTE

Account Number : 120000000088

Phone : (800)221-0102

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

Email Address: linda, widmer @mheducation. Cox

LLC REGISTERED AGENT CHANGE CTB/MCGRAW-HILL LLC

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## (((H13000189294 3)))

## 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. Name of the limited liability company:	CTB/MCGRAW-HILL LLC
2. (a) Principal office address of limited liability compa	any: 20 RYAN RANCH ROAD
(Note: MUST BE STREET ADDRESS)	
	MONTEREY, CA 93940
(b) Mailing address of limited liability company:	1221 AVE OF THE AMERICAS
(Note: MAY BE POST OFFICE BOX)	TAX DEPT 48FL 質獎 👙 🦼
	New York, New York = 10020
March 18, 2002	M02000000688 6
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Depts of Side:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET
	Tallahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: National Corporate Research, Ltd., Inc.
NEW Registered Office Address:	155 Office Plaza Drive
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company.	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization
/s/ David B. Stafford	<del></del>
Signature of a member or authorized representative of a member	
David B Strafford	
Printed or typed name of signee	<del></del>
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.
Signature of Registered Agent Potrone Vessels Assistant Same	
Petrona Varela, Assistant Secretary	

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