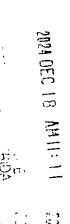
M0500002180

(Requestor's Name)				
(Address)				
(losioss)				
				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				
:				





300441214883



2024 CEC 18 PM 2: 10

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	ame of the limited liability company: HARPERCOLL	INS PUBLIS	HERS L.L.C.
2. (a)	195 Broadway	(b)	
- . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(")	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	New York, NY 10007		
		 _	
	04/27/2005	М	05000002180
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
()	Registered Agent and Registered Office shown on the records o	f the Florida De	pt. of State:
	C T CORPORATION SYSTEM		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	, 33324	
	FLANTATION, F	L	
(b)			
(2)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres	<u></u> :
	Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee	32301	
change	imited liability company is not organized under the la e or changes are made, the Florida street address of the	e registered o	office and the business office of the registered
agent v	will be identical. Or, in the case of a Florida limited I	iability comp	any, it is hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the		
7S/ N	MICHAEL L. BUNDER	MICHA	EL L. BUNDER, AUTHORIZED PERSON
Signa	ture of a member or authorized representative of a member	 	Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	e performance ed for in Cha hereby confi	e of my duties, and I am fan ither , with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
<u></u>	of Registered Agent GRACE E. KIRBY, ASST.	. VICE PRES	IDENT