ZUU GNIFONII DOSINESS NEFO	ni (GDN)					
DOCUMENT # L0100000017 1. Entity Name	•					
RIPTIDE VENTURE GROUP, L.L.C.			FILED			
Principal Place of Business Mailing Address		<u> </u>	001 MAY -2 PM 2: 44	, .		
4295 Newport Orive Same		DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA				
Hernando Beach, Fl. 34607			ALLAHASSEE, I COMB	• •		
2. Principal Place of Business Riptide Venture Group Suite Apt. #, etc. Suite, Apt. #, etc.		~	. ** DO NOT WRITE IN THIS	SPACE		
4295 Newsort Drive			DO NOT WRITE IN THIS			_
City & State Hernando Beach		4. FEI 1	Number		plied For t Applicable	-
Zip Country Zip 34607 U.S.	Country .	5. Certi	ficate of Status Desired	\$5.00 Add Fee Require		
Name and Address of Current Registered Agent	Name	7. Nam	e and Address of New Registered	Agent		4
Kimberlie Anne Burich			lumber is Not Acceptable)	· · · · ·		4
4295 Newport Drive						-
Hernando Beach, Florida 34607	City		FI	Zip Code	-	
8. The above named entity submits this statement for the purpose of changing its	gistered office or regist	tered agent,	or both, in the State of Florida.			1.
•						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE R	Registered Agent signature requi	ired when reinstat	ng) DATE			-
FILE NO	WIII FEE IS \$50.00		6000004336	776-	6	
Make Check Pay	ble to Department	of State	-05/31/0105/31	01031==0 8****5		
9. MANAGING MEMBERS/MEMBERS	10.		ADDITIONS/CHANGE			1_
TITLE Managing Member/President Delete NAME Kimberlie Anne Burich	TITLE			☐ Change	☐ Addition	E083 (11/00)
STREET ADDRESS 4395 Newfort Or.	NAME STREET ADDRESS					33 (1
CITY-ST-ZIP Hernando Beach, Fl. 34607	CITY-ST-ZIP					
TITLE Managing Member Operations - Delete	TITLE			☐ Change	Addition	28
NAME Matt Alan Burich Manager STREET ADDRESS 4295 Newport Dr.	NAME STREET ADDRESS					1
CITY-ST-ZIP Hernando Beach, Fl. 34607	CITY-ST-ZIP					_
TITLE Managing Member/Vice Delete	TITLE NAME			☐ Change	Addition	}
NAME Tracy Burich President STREET ADDRESS 4295 Newport Drive	STREET ADDRESS		•			
city-st-zip Hernando Beach, Fl. 34607	CITY-ST-ZIP					4
TITLE General Manager/Managing Delete	TITLE NAME		•	Change	Addition	
NAME Mel Burich Member street ADDRESS 4295 Newport Drive	STREET ADDRESS					
city-st-zip Hernando Beach, Fl. 341007	CITY-ST-ZIP					1
TITLE Delete	TITLE NAME			☐ Change	☐ Addition	
NAME STREET ADDRESS	STREET ADDRESS		1			}
CITY-ST-ZIP	CHTY-ST-ZIP		<u> </u>			-
TITLE Delete	TITLE NAME			☐ Change	Addition)
NAME STREET SORESS	STREET ADDRESS					
CITY-S. ZIP	CITY-ST-ZIP					-
11. I hereby certify that the information supplied with this filling does not qualify for indicated on this report is true and accurate and that my signature shall have the	ne exemption stated in e same legal effect as i	r made unde	07(3)(i), Florida Statutes. I further co r oath; that I am a managing memb pride Statutes	ertify that the in er or manage	rormation r of the	

Buuch 4-26-01

MEMBER, MAN/ GER, OR AUTHORIZED REPRESENTATIVE