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

COVER LETTER

TO:	Registration Section Division of Corporations	А			
SUBJE	Tripod Ventures Beach Blvd LLC	;			
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Kyle (Gerstner				
	Name of Person	 _			
Tripod	d Ventures Beach Blvd LLC				
	Firm/Company				
14016	6 Beach Blvd				
	Address				
Jacks	onville, FL 32250				
	City/State and Zip Code				
kgers	tner@tripodusa.com				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Kyle C	Gerstner at (316 209-5296			
	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 amount:				
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

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. N	ame of the limited liability company: Tripod Ventu				
2. (a)	14016 Beach Blvd	(b) 8	(b) 8918 W. 21st. N Ste. 200-306		
2 . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Jacksonville, FL 32250	<u>v</u>	Vichita, KS 67205		
	6/10/14		4000092549		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records o Tom Mundy Registered Office Address (MUST BE FLORIDA STREET)	f the Florida De	ept. of State:		
	10748 DEERWOOD PARK BLVD #107 Jacksonville	35526			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> Kyle Gerstner	d Office addre	L 13 PM 4: 43		
	NEW Registered Office Address:		∵ •		
	14016 Beach Blvd				
	Jacksonville, F	L_32250			
the ch agent was/w the ary	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the register liability comp of the limite e limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in		
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mei	the accept the appointment as registered agent and agent of all statutes relative to the proper and completed ignations of my position as registered agent as provided rely reflect a change in the registered office address, and in writing of this change.	gree to act in e performand led for in Cho I hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been		
Signat	ure of Registered Agent				