## L1500000 4487

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





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15 JUL 13 PH 4: 48

J. HARRIS

## COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Tripod Ventures Orange Park L	.LC					
	Name of Limited Liability Company						
Dear Si	Dear Sir 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 Orange Park LLC						
	Firm/Company	<u> </u>	-				
14016	6 Beach Blvd						
	Address	<del></del> -					
Jacks	onville, FL 32250						
	City/State and Zip Code		-				
kgersi	tner@tripodusa.com						
E-	-mail address: (to be used for future annual	report notifica	ation)				
For furt	ther information concerning this matter, plea	ase call:					
Kyle C	Gerstner a	316 t (	209-5296				
	Name of Person		Area Code & Daytime Telephone Number				
Registration Section Re Division of Corporations Di Clifton Building P.6		Regis Divis P.O.	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. Na	ame of the limited liability company: Tripod Ventu	res Ora	ange Park	LLC	
2. (a)	14016 Beach Blvd	ľ	(b) 8918 W. 21st. N Ste. 200-306		
2. (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)	
	Jacksonville, FL 32250	<del></del>	Wichita,	KS 67205	
	1/8/15		L150000	04487	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of Tom Mundy  Registered Office Address (MUST BE FLORIDA STREET)	f the Florid		- e: -	
	10748 DEERWOOD PARK BLVD #107				
	Jacksonville , FI	35526	<b>3</b>	_	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Kyle Gerstner	d Office ac	<u>ddress</u> :	FILE 15 JUL 13	
	NEW Registered Office Address:				
	14016 Beach Blvd			- 4: 48	
	Jacksonville , F	_32250	)	-	
the cha agent was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the reg iability c of the lind limited	istered offic company, it i nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) sy company or as otherwise provided in inpany.	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
the obt	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.  My Lutt	ree to ac e perforn ed for in hereby c	et in this cap nance of my Chapter 60: confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re of Registered Agent				