

# M07000004827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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SUFFICIENT FOR FILING

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2015 OCT 12 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan

OCT 16 2015

**Wolters Kluwer**

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

**TRIPLEPOINT CAPITAL, LLC**

**M07000004827**

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**Thank you!**

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
<b>Change of Agent</b>	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<b>Change of Agent Filing</b>		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
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Name \_\_\_\_\_  
Availability \_\_\_\_\_  
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10/15/2015

**ST**

Order#:  
**9733399**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRIPLEPOINT CAPITAL, LLC

Name of Limited Liability Company

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:

Sharon Moy

Name of Person

Paul Hastings LLP

Firm/Company

71 S. Wacker Drive, 45th Floor

Address

Chicago, Illinois 60606

City/State and Zip Code

hzagunis@triplepointcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Moy

at ( 312 )

499-6086

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. Name of the limited liability company: TRIPLEPOINT CAPITAL, LLC
2. (a) 2755 SAND HILL ROAD, SUITE 150  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
MENLO PARK, CA 94025
- (b) 2755 SAND HILL ROAD, SUITE 150  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
MENLO PARK, CA 94025
3. 08/09/2007 Date of filing/registration in Florida
4. M07000004827 Document number
5. (a) NRAI SERVICES, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1200 South Pine Island Road  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
Plantation, FL 33324
- (b) C T Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of a member or authorized representative of a member

Harold Zagunis, Authorized Representative  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: James M. Halpin, Assistant Secretary  
C T Corporation System  
Signature of Registered Agent

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