Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205~8842

Fax Number

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Enter the email address for this business entity to be used for furture annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE TRIPADVISOR LLC

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DEC 18 2015

Electronic Filing Menu

Corporate Filing Menu

Help

12/17/2015 10:24:32 AM From: To: 8506176383(2/3)

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: TripAdvisor LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	Change and foc(s) are submitted for filing.				
Please return all correspondence concerning this m	atter to the following:				
Sarah Visbeek					
Name of Person					
TripAdvisor, Inc.					
Firm/Company	•				
400 1st Ave					
Address					
Necdham MA, 02494-2815	·				
City/State and Zip Code					
avisbeck@tripadvisor.com					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, plea	ase call:				
	ı (
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section Division of Corporations	Registration Section Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amo	ount:				
□ \$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. 1	Name of the limited liability company: TripAdvisor LLC	С		
2. (a	1	(h)		
J. (4	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of (Note: MAY)	of limited liability company: 3E POST OFFICE BOX)
	141 Needham Street		c/o Law Dept. 141 Needh	a, Street
	Newton, MA 02464		Newton, MA 02114	
	7/10/2008	ì	M08000003230	
3.	Date of filing/registration in Florida	4,	Document nu	ımber
5. (8	NRAI Services Inc			
٤, رو	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 South Pine Island Road			ABORD TO
	Plantation . FI	L 33324		三 三
(b	C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:	
	NEW Registered Office Address:		 	1 *
	1200 South Pine Island Road			
	Plantation , FI	33324		
the cl agent was/s	limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the regist iability cor of the limi	ered office and the busin npany, it is hereby confi ted liability company or	ness office of the registered immed that the change(s)
/	Nur los	Laure	n Kreatz	
	office of a member or authorized representative of a member			name of signee
I her provi the oi to me notifi	by accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change conformation System AND One of the control of the	ree to act i e performa ed for in Ci hereby coi	in this capacity. I furthe nce of my duties, and I a hapter 605, F.S. Or, if t nfirm that the limited lla	r agree to comply with the m familiar with and accept his document is being filed bility company has been
CTC By: Signa	cotogration System (1) AM ture of Registered Agent	Y BERTI Z Presi	ELETTI IDENT	

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