A0400001518

Evic Lebsack						
(Requestor's Name)						
(Address) 15508 Avocetview Ct.						
(Address) Lithia FL 33547 (City/State/Zip/Phone #)						
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LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1.	Viper Capital Part	ners, Ltd.	,			
		Name of	the limited partnership			
2.	09/23/2004		3. A04000001518	·		<u>-</u> -
	Date of filing/regist	egistration in Florida Document number assigned				
4.	The name of the registered agent and the registered office address as shown on the re-				of the	Florida
	Department of State:	Erik Lebsack				
	,		Name	<u></u>		
		5715 Bentgrass		· · · · · · · · · · · · · · · · · · ·		
			Address	_		
		Valrico, Florida 335	94		=	
		Ci	ty, State and Zip			
5.	5. The name and address of the new registered agent and/or office:					
Erik Lebsack					1005 JAN 27	3
	<u></u>		Name	<u></u>	ਜ >	M
15508 Avocetview Court Florida street address (P.O. Box not acceptable)						
Florida street address (P.O. Box not acceptable)					77.75 77.75	•
	Lit	nia	FL 33547	مذ	Ē	
_			y, State and Zip			
6.	Such change(s) was/v	ere authorized by the ge	eneral partners.			
	Grid L					
Sig	nature of General Parings	: Erik Lebsack	, Manager of Genera	al Partn	er	
I h wi fai mi	ereby accept the appoing the provisions of all the provisions of all miliar with and accept	ntment as registered ager I statutes relative to the the obligations of my pos e in the registered office	nt and agree to act in this capact proper and complete perform lition as registered agent. Or, is address, I hereby confirm that	ity. I further ance of my d f this docume	agree to luties, a ent is be	nd I am ing filed

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

Signature of Registered Agent