## L04000064537

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the lim	nited liability company is:	Viper Capital Advisors, LL	.C
		ompany is: 5715 Bentgrass	
Valrico, Florida 335	94		
08/30/2004		L04000064537	
3. Date of filing/registration in Florida		4. Document nur	nber
5. The name of the regin Florida Department		stered office address as shown of	on the records of the
	5715 Bentgrass	Name	40 8
	Valrico, Florida 335	Address 594 State and Zip	SECRETARY SEE. FLOR
6. The name and address	ess of the new registered ag	•	758 ± W
	Erik Lebsack		10:3
	15508 Avocetview	Name Court	08/10/10
	Florida street address	(P.O. Box NOT acceptable)	**
	Lithia	FL 33547	
	City, S	tate and Zip	
confirmed that after the and the business office liability company, it is I the members of the lim the operating agreemen	change or changes are more of the registered agent with the received that the	<u> </u>	of the registered office of a Florida limited I by an affirmative vote of
Erik Lebsack			
(Printed or typed name of sign	ee)	<del></del>	
( +	pointment as registered ag ons of all statules relative and accept the obligations if this document is being f m that the limited liabilit	eent and agree to act in this cap to the proper and complete pe s of my position as registered a iled to merely reflect a change y company has been notified in	pacity. I further agree to orformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent	<u> </u>	<del></del>	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

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