

104000064543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

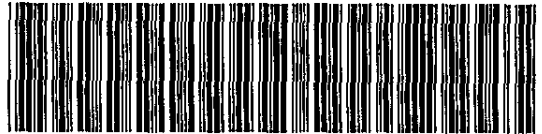
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2005

JANET GRANNUM
MICHAEL LAPAT
221 NORTH LASALLE STREET, SUITE 1137
CHICAGO, IL 60601

SUBJECT: VIPER CAPITAL MANAGEMENT, LLC
Ref. Number: L04000064543

We have received your document for VIPER CAPITAL MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 905A0007356

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**LAW OFFICES
MICHAEL LAPAT**

3300 University Drive
Suite #311
Coral Springs, Florida 33065
(954) 345-6442
(954) 344-0288 (Fax)

221 North LaSalle Street
Suite # 1137
Chicago, Illinois 60601

Please Reply to Florida Office

January 5, 2005

Tammi Cline
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

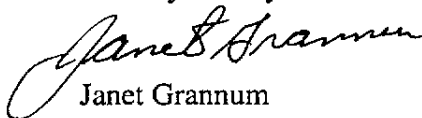
**RE: Viper Capital Management, LLC (Change of Registered Office)
Viper Capital Advisors, LLC (Change of Registered Office)**

Dear Sir or Madam:

Enclosed herein please find, signed Change of Registered Office for the above entities.. Please return file-stamped copies to this office in the enclosed stamped envelope which I have provided.

Should you have any questions, please do not hesitate to contact the undersigned at 888-263-4774.

Thank you for your assistance,



Janet Grannum
Legal Assistant

enclosure

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TALLAHASSEE, FLORIDA

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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 limited liability company is: Viper Capital Management, LLC
2. The mailing address of the limited liability company is : 15508 Avocetview Court,
Lithia, Florida 33547

- 08/30/2004 L04000064543
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

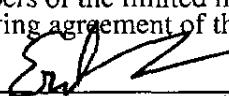
Erik Lebsack
Name
1508 Avocetview Court
Address
Lithia, Florida 33547
City, State and Zip

6. The name and address of the new registered agent and/or office:

Erik Lebsack
Name
4365 Lynx Paw Trail
Florida street address (P.O. Box NOT acceptable)
Valrico FL 33594
City, State and Zip

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TALLAHASSEE, FLORIDA

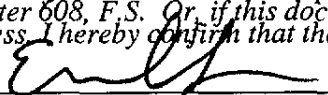
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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 of a member or authorized representative of a member)

Erik Lebsack

(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 608, 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.


(Signature of Registered Agent)

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