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## HILDA M. PORRO, P.A.

ATTORNEY AT LAW

12769 W. FOREST HILL BOULEVARD, SUITE E WELLINGTON, FL 33414 600002852146--0 -04/26/33--01143--007 \*\*\*\*\*\*87.50 \*\*\*\*\*\*35.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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Examiner's Initials

## Florida Department of State, Sandra B. Mortham, Secretary of State 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 organized under the laws of the State of $\underline{ Florida}$
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the limited liability company is:SUN_EXPORT_COMPANY, L.C.
(previously VIPERS U.S. ENTERPRISES, L.C.)
1b. The mailing address of the limited liability company is: 1960 Primrose Lane,
Wellington, Florida, 33414.
1c.Date of filing/registration in Florida: 6/8/98 Document number: L 98000 000 74
2.The name and address of the current registered agent and office:
Ronald W. Rosenwasser, Esq.
5355 Town Center Road, Suite 801
Boca Raton, FL 33486
3. The name and address of the new registered agent and office: (P.O. BOX NOT ACCEPTABLE)
Norberto Daza Cuello
1960 Primrose Lane
Wellington, FL 33414
After the change or changes are made, the street address of the registered office and the business office of the registered agent will be identical.  Such change was authorized by affirmative vote of a majority of the members of the limited liability company or as provided in the articles of organization or the regulations of the limited liability company.
(Signature of a shember of authorized representative of a member)  (Date)
authorized representative of a member)
NORBERTO DAZA CUELLO (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 obligation of my position as registered agent.
(Signature of Registred Agent) (Date)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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