## 19900004321

(Requestor's Name)  (Address)	800158783018
(City/State/Zip/Phone #)	
(Business Entity Name)	07/30/0901024002 **475.00
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L. SELLERS

**EXAMINER** 

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SECRETARY OF STATE
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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.

angering of country of the total	
1. Name of the limited liability company:	Bison Capital, LLC
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	735 E. Venice Avenue, Suite 205 Venice, FL 34285
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	735 E. Venice Avenue, Suite 205 Venice, FL 34285
07/16/1999	L9900004321
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Greg A. Betterton
Registered Office Address:	981 Ridgewood Avenue, Suite 101 Venice, FL 34285
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	735 E. Venice Avenue, Suite 200
	Venice ,FL 34285
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my por Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization of the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization of the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization of the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization of the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization of the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization of the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization of the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization of the case of the c
address, I hereby confirm that the limited liability compan	y has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314

**FILING FEE: \$25.00**