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CORPORATION SERVICE COMPANY

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XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	617.0302, 607.1308, or 617.1308, Florida Sid on organized under the laws of the State of $_{ extstyle C}$	A	
		or registered agent, or both, in the State of Flo	rida.	
	the corporation: VIKING RIVER (
2. The principal	office address: 5700 CANOGA A	AVENUE, SUITE 200 WOODLAND HILLS, C	A 91367	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 07/15/201	Document number: F1300000	3090	
	I street address of the current regi- tment of State: (If resigned, enter	istered agent and registered office on file with resigned)	2023 AUG	
	C T CORPORATION SYSTEM	И	÷	
	1200 SOUTH PINE ISLAND R	OAD	. 6	
	PLANTATION	FL 33324	ATA I	
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and /or registered office		
	Corporation Service Company			
	1201 Hays Street			
P.O. Box NOT acceptable				
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the be identical.	e street address of the business office of its r	egistered agent,	
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an of been notified in writing of the change.	ficer so	
Xie	2 aoni	JILL CILMI, VICE PRESIDENT		
/ 1	re of an officer of director	Printed or typed name and title		
I furitier agree to of my duties, an document is bei corporation has	to comply with the provisions of	gent and agree to act in this capacity, all statutes relative to the proper and complethe obligation of my position as registered age in the registered office address, I hereby change,	ete performance igent. Or, if this confirm that the	
Ву:	naca C-Kuble	08/09/2023 Date		
_	half of an entity:	izaie		
	BY, ASST. VICE PRESIDENT			
T	eped or Printed Name			

* * * FILING FEE: \$35.00 * * *