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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

≓mail	Address.			

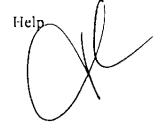
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## REGISTERED AGENT CHANGE WRIKE, INC.

Certificate of Status	0
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By:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, i ange is submitted for a corporation organized under the er to change its registered office or registered agent, or	e laws of the State of Delaware	<u></u>		
	the corporation: WRIKE, INC.	r boin, in the State of r tortaa.			
7. The name of t	office address: 9171 Towne Centre Dr., Suite 200				
2. The principal	San Diego, CA 92122				
1 Th	address (if different):				
-	poration/qualification: 11/23/2016 Docum	ent number: F16000005239			
5. The name and	d street address of the current registered agent and registement of State: (If resigned, enter resigned)				
	CORPORATION SERVICE COMPANY				
	1201 HAYS STREET				
	TALLAHASSEE, FL 32301		2021		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	C T Corporation System	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	; <u>.</u>		
	1200 South Pine Island Road		2024 JUN 14 MM 11: 05		
	- 7 -	· 0.			
	Plantation, Florida 33324		, 3.		
The street addre	ess of its registered office and the street address of the be identical.	e business office of its registered	i agent,		
Such change wa authorized by th	as authorized by resolution duly adopted by its board he board, or the corporation has been notified in writi	of directors or by an officer soing of the change.			
Kous	n Kara koj	ROSEC, PRESIDENT			
I hereby accept I further goree t	the of an officer or director  the appointment as registered agent and agree to ac to comply with the provisions of all statutes relative to to I am familiar with and accept the obligation of my ting filed merely to reflect a change in the registered of the seen notified in writing of this change.	Printed or typed name and title  It in this capacity.  It to the proper and complete perform  position as registered agent. O  office address, I hereby confirm	ormance r, if this that the		
C T Corporation	1 System San Commun 06/11/2024				
Sign	mature of Registered Agent	Date			
If signing on be	chalf of an entity:				
SEAN L, EMER	UCK, ASSISTANT SECRETARY				
Ty	yped or Printed Name				