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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 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.\*\*

Email Address:

AH 11: 58	F. C. STATE F. C. S. J. S. E. E. S. J. S.
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2023 1137	DIVIS: TALL

## REGISTERED AGENT CHANGE OUTRIGGER MEDIA, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation org	0502,607.1508, or $617.1508,$ Florida $0.000$ ganized under the laws of the State of $0.000$ istered agent, or both, in the State of F	Delaware
1. The name of	the corporation: OUTRIGGER MEDIA	, INC.	
	office address: 462 Broadway		
	New York, NY 10013		
3. The mailing a	address (if different):		
4. Dateofincorp	oration/qualification: 11/01/2021	Document number: F2100000	16297
	d street address of the current registere rtment of State: (If resigned, enterresig	d agent and registered office on file wi	th the
	COGENCY GLOBAL INC.		
	115 N CALHOUN ST, STE 4		· _
	TALLAHASSEE, FL 32301		_
6. The name and (ifchanged):	d street address of the new registered a	gent (if changed) and /or registered of	2023 HAY 12
	C T Corporation System		
	1200 South Pine Island Road		:0 <sup>-1</sup>
	Plantation, Florida 33324	Box NOT acceptable	AH 8: 5
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of it	s registered agent,
		ted by its board of directors or by an notified in writing of the change.	
Signate	re of an officer or director	Andrew Grimmig, Secretary  Printed or typed name and til	ile
-	the appointment as registered agent to comply with the provisions of all st ad I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity, tatutes relative to the proper and constitution of my position as registered the registered office address, I herebye.  5/10/2023	
Sig	mature of Registered Agent	Date	<del></del>
If signing on be	chalf of an entity:		
SEAN L. EMER	ICK, ASSISTANT SECRETARY		
Τ	yped or Printed Name		
	* * * FILING	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FIJON - 06(19)2020 Walters Klower Online

CR2E045 (04/13)

By: