

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

Account Name : HOLLAND & KNIGHT Account Number : 075350000340 Phone : (407)425-8500 Fax Number : (407)244-5288

REGISTERED AGENT CHANGE VIKING IRA FUND, LLC Certificate of Status Certified Copy Page Count 01 Estimated Charge War & And Billy Cocument DUC Tagoniner Public Access He Electronic Filing Menu Corporate Filing A Harry Updater DOC Verily ar DOG tren ugtet on UCC ∵/erliye**r**

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. 1. The name of the limited liability company is: VIKING IRA FUND, LLC 2. The mailing address of the limited liability company is : 1618 Main Street, SARASOTA FL 34226 M01000000681 03/27/2001 3. Date of filing/registration in Florida Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CT Corporation System 1200 South Pine Island Road Address PLANTATION FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: Intrastate Registered Agent Corporation Name 200 S. Orange Avenue, Ste 2600 Florida street address (P.O. Box NOT acceptable) Orlando City, State and Zin If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. member or authorized representative of a member) Neil Moody (Printed or typed name of signee) 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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confilm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

(Signature of Registered Agent)