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CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : I2000000195 REFERENCE : 502972 7888308 AUTHORIZATION / COST LIMIT ORDER DATE: June 18, 2024 ORDER TIME : 4:33 PM ORDER NO. : 502972-007 CUSTOMER NO: 7888308 CHANGE OF AGENT NAME: CTI BIOPHARMA CORP. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
PLAIN STAMPED COPY CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corp	.0502, 617.0502, 607.1508, or 617.1508, Florida Statu poration organized under the laws of the State of Dek office or registered agent, or both, in the State of Florid	aware
	he corporation: CTI BIOF		<i>α ι</i> .
The name of t The principal	office address: 77 4th Ave	enue, Suite 300, Waltham, MA	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 12/	14/2007 Document number: F070000061	12
5. The name and		ent registered agent and registered office on file with th	
	C T Corporation System	1	
1200 South Pine Island Road			
	Plantation	FL 33324	
6. The name and (if changed):	street address of the new Corporation Service Cor	registered agent (if changed) and /or registered office	
	1201 Hays Street		262
P.O. Box, NO l'acceptable			7 2024 JU
	Tallahassee	FL 32301	
The street addre as changed will	ss of its registered office be identical.	and the street address of the business office of its reg	istered agent.
Such change wa	s authorized by resolution board, or the corporation	n duly adopted by its board of directors or by an officen has been notified in writing of the change.	ter so 💬
/s/ Guled Adam		Guled Adam, Secretary	S
Signatur	e of an officer or director	Printed or typed name and title	
l further agree to of my duties, and document is bein corporation has	o comply with the provisi	tered agent and agree to act in this capacity, ions of all statutes relative to the proper and complete accept the obligation of my position as registered age a change in the registered office address, I hereby confithis change.	e performance at. Or, if this afirm that the
By: U	, M xey	06/21/2024	
_	nature of Registered Agent	Date	
<u> </u>	, Asst. Vice President ped or Printed Name	<u>.</u>	

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