

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

Macg
JAN 10 2017
K. WHITE

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

Email Address: _____

REGISTERED AGENT CHANGE
SEATTLE GENETICS, INC.

RECEIVED
17 JAN 10 AM 7:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DE in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SEATTLE GENETICS, INC.
- 2. The principal office address: 2182330THDRIVESE, BOTHELL, WA 98021
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/24/2011 Document number: F11000000297

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATIONSERVICECOMPANY
1201HAYSSSTREET
TALLAHASSEE, FL 32301-2525

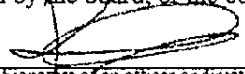
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CTCorporationSystem
c/oCTCorporationSystem, 1200SouthPineIslandRoad
P.O. Box NOT acceptable
Plantation, Florida 33324

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 STATE DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.




 Signature of an officer or director

Kimberly Bowens, Vice President

 Printed or typed name and title

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 duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

CTCorporationSystem
 By: 

 Signature of Registered Agent

January 09, 2017

 Date

If signing on behalf of an entity:
LindaStauffer, AssistantSecretary

 Typed 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

CR2F045 (03/12)