

F11000003922

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Florida Department of State
Division of Corporations
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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 : (954) 209-0845

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
PHENOMENEX, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

16 DEC -6 AM 11:25

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Phenomenex, Inc.

Name of Corporation

DOCUMENT NUMBER: F11000003922

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Orvets

Name of Contact Person

Danaher Corporation

Firm/Company

2200 Pennsylvania Ave., NW, Suite 800W

Address

Washington, DC 20037

City/State and Zip Code

michael.orvets@danaher.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Orvets:

202

419-7678

at (

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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 California _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Phenomenex, Inc.
2. The principal office address: 411 Madrid Avenue, Torrance, CA 90501 United States
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/29/2011 Document number: FI1000003922

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)

NRAT SERVICES, INC

1200 South Pine Island Road

Plantation, Florida 33324

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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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.

Frank T. McFaden
 Signature of an officer or director

Frank T. McFaden, VP & Treasurer
 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.

By: C T Corporation System
Kristin Bolder
 Signature of Registered Agent

12/6/16

Date

If signing on behalf of an entity:

Kristin Bolder
 Assistant Secretary

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

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