

F2000000/072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

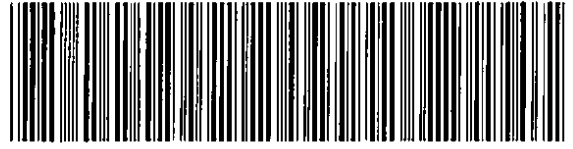
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RA & RO change

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2023 NOV 20 AM 10: 07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2023 NOV 20 AM 9: 48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY  
NOV 21 2023

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 11/26/2023

**\*\*WALK IN\*\***

ENTITY NAME ADAPTIVE BIOTECHNOLOGIES CORPORATION

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$35

ACCOUNT #: I20160000072

*S. R. J. M.*

Please call Tina at the above number for any issues or concerns. Thank you so much!

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ADAPTIVE BIOTECHNOLOGIES CORPORATION  
Name of Corporation

**DOCUMENT NUMBER:** F20000001072

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:

**STACY TAYLOR**

Name of Contact Person

**ADAPTIVE BIOTECHNOLOGIES CORPORATION**

Firm/Company

**1551 Eastlake Ave. E. Suite 200**

Address

**SEATTLE, WA 98102**

City/State and Zip Code

**support@singlefile.io**

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

For further information concerning this matter, please call:

**SingleFile Technologies: K. Bishop** at ( **800** ) **391-9869**  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of the corporation: ADAPTIVE BIOTECHNOLOGIES CORPORATION

2. The principal office address: 1551 Eastlake Ave. E. Suite 200 Seattle, WA 98102

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/27/2020 Document number: F20000001072

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)

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324

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

Registered Agents Inc  
7901 4th St N STE 300  
St. Petersburg FL 33702

P.O. Box NOT acceptable

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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.

Stacy Taylor  
Signature of an officer or director

Stacy Taylor, GC/Secretary  
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.*

David Roberts  
Signature of Registered Agent

11/13/2023  
Date

If signing on behalf of an entity:

David Roberts  
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