## F2100005479

| (R                                      | equestor's Name)      |          |  |
|---|-----------------------|----------|--|
| (A                                      | ddress)               |          |  |
| (A                                      | ddress)               |          |  |
| (C                                      | ity/State/Zip/Phone # | )        |  |
| PłCK-UP                                 | WAIT                  | MAIL     |  |
| (Business Entity Name)                  |                       |          |  |
| (Document Number)                       |                       |          |  |
| Certified Copies                        | Certificates of       | f Status |  |
| Special Instructions to Filing Officer: |                       |          |  |
| J. HORNE                                |                       |          |  |
| AUG 1 0 2022                            |                       |          |  |
|   |                       |          |  |
|   |                       |          |  |

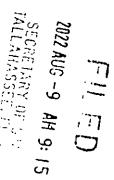
Office Use Only



500390191665

CULC AUG -9 AM II:

2022 AUG -9 AH II: 5:





TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

| Date:        | 08/09/2022                         |                   |
|--------------|------------------------------------|-------------------|
| Name:        |                                    | <u></u>           |
|              | #:1760342                          |                   |
| Entity Nam   | ne:LATTICE TI                      | IERAPEUTICS, INC. |
|              | cles of Incorporation/Authorizatio |                   |
| ☐ Am         | endment                            |                   |
| <b>√</b> Cha | ange of Agent                      |                   |
| ☐ Rei        | nstatement                         |                   |
| Cor          | nversion                           |                   |
| ☐ Mer        | rger                               |                   |
| Dis:         | solution/Withdrawal                |                   |
| ☐ Fict       | itious Name                        |                   |
| ∐ Oth        | er                                 |                   |
| Authorized   | Amount / \$35.00                   |                   |

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date:        | 08/09/2022                        |                         |
|--------------|-----------------------------------|-------------------------|
|              | Chris Vick                        | _ <del>_</del>          |
| Reference #  | 4700040                           | _ <del>_</del>          |
| Entity Name  | LATTICE T                         | HERAPEUTICS, INC.       |
|              |                                   |                         |
| Article      | es of Incorporation/Authorization | on to Transact Business |
| Amer Amer    | ndment                            |                         |
| ✓ Chan       | ge of Agent                       |                         |
| ☐ Reins      | statement                         |                         |
| Conv         | ersion                            |                         |
| ☐ Merge      | er                                |                         |
| ☐ Disso      | lution/Withdrawal                 |                         |
| ☐ Fictiti    | ous Name                          |                         |
| Other        |                                   |                         |
| Authorized A | smount / \$35.00                  |                         |

F: 800.944.6607

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

| statement of cha   | provisions of sections 6<br>inge is submitted for a c<br>r to change its registere   | orporation organize  | d under the lav                                      | ws of the State                                     | of Delay                                |               |            |
|--|--|--|--|---|---|---------------|------------|
| 1. The name of t   | the corporation:   | Lattice Therapeutics, Inc.   |  |   |   |               |            |
|  |  |  | 4314 13th  | ı Pl. N.E.  |   |               | _          |
|  | Washington   |  | DC   |   | 20017                                   |               |            |
| 3. The mailing a   | ddress (if different):   |  | <del></del>  | <del></del>   |   |               |            |
| 4. Date of incorp  | poration/qualification: _  | 23 Sept 2021   | Document   | number:   | F210000                                 | 05479         |            |
|  | I street address of the cu   |  | t and registere                                      | d office on file                                    | with the                                |               |            |
|  |  | CT Corporation S   | System   |   | _                                       |               |            |
|  | 120  | 00 South Pine Isl  | and Road   |   |   |               |            |
|  | Plantation,  | FL   |  | 33324   | _                                       |               |            |
| 6. The name and (if changed):                              | I street address of the ne   |  |  | d /or registered                                    | l office                                | SECRETARY     | 2022 AUG - |
|  | C  | OGENCY GLOB  | AL INC.  | <u> </u>  |   | 335<br>187    | -0         |
|  | 115 1  | 115 North Calhoun Street, Suite 4  |  |   |   |               | F          |
|  | Tallaha  |  | Florida  | 32301   |   | : <del></del> | 9          |
| The street addre   | ess of its registered office be identical.   | ce and the street add  | ress of the bus                                      | siness office o                                     | f its register                          | red ageni     | ۍ<br>t,    |
| Such change wa<br>authorized by th                         | is authorized by resolut<br>the board, or the corpora  | ion duly adopted by<br>tion has been notifie                             | its board of d<br>d in writing o                     | irectors or by a<br>f the change.                   | an officer so                           | )             |            |
| <u> </u>   | ick McTamury  Te of an officer or director   | <u>P</u>   |  | Tamney I P  |   | & CEC         |            |
| l further agree t<br>performance of .<br>agent. Or, if thi | the appointment as reg<br>o comply with the prov<br>my duties, and I am fan<br>s document is being file<br>that the corporation ha | isions of all statutes<br>niliar with and acce<br>ed merely to reflect i | relative to the<br>ot the obligati<br>a change in th | e proper and c<br>on of my posit<br>e registered of | omplete<br>ion as regis<br>ffice addres | tered<br>s, I |            |
| Laure  | ) NHOME) unture of Registered Agent  | <i>L</i>   | lugust   | Date  | <del></del>                             |               |            |
| If signing on bel  | nalf of an entity:   |  |  |   |   |               |            |
| ann th   | Orru ASSI Se   | relais   |  |   |   |               |            |

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