

M16 00000 3378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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MAY 18 2020



CSC - WILMINGTON  
251 Little Falls Drive  
Wilmington De 19808

800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: April 30, 2020

Order#: 274069-006

Re: APTEVO BIOTHERAPEUTICS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Meghan Groom  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: APTEVO BIOTHERAPEUTICS LLC

2. (a) 2401 4th Ave Suite 1050 (b) 2401 4th Ave Suite 1050  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Seattle, WA 98121

Seattle, WA 98121

04/25/2016

M16000003378

3. Date of filing/registration in Florida 4. Document number

5. (a) C T CORPORATION SYSTEM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 SOUTH PINE ISLAND ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANTATION, FL 33324

(b) Corporation Service Company  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1201 Hays Street

**NEW** Registered Office Address:

Tallahassee, FL 32301

2020 MAY -1, PM 3:06

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Luyan Li

Luyan Li, Treasurer on behalf of Medexus Pharma, Inc.,  
Member.

Signature of a member or authorized representative of a member

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Grace E Kirby  
Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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/s/ Luyan Li

Luyan Li, Treasurer on behalf of Medexus Pharma, Inc.,  
Member.

Signature of a member or authorized representative of a member

Printed or typed name of signee

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Grace E. Kirby  
Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby