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Mary Jana





CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 421718 7909462

AUTHORIZATION

COST LIMIT

ORDER DATE: November 13, 2012

ORDER TIME : 3:11 PM

ORDER NO. : 421718-004

CUSTOMER NO: 7909462

## CHANGE OF AGENT

NAME: COAXIS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organi	·	•
in orde	er to change its registered office or registe	red agent, or both, in the State of Florid	da.
1. The name of	the corporation: COAXIS, INC.		
2. The principal	office address: 1515 SE Water, 300, Po	ortland, OR 97214	
<del> </del>			
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 08/27/2004	Document number: F040000049	942
	d street address of the current registered agestreet agestreet af	ent and registered office on file with th	ie
	CT Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324 US		Z <sub>s</sub> 2
6. The name and (if changed):	d street address of the new registered agent	t (if changed) and /or registered office	NIZ NOV 28 SECRETARY ALLAHASSE
	Corporation Service Company		
	1201 Hays Street		
	(P.O. Box NOT acceptable)		<b>2</b> 7
	Tallahassee, FL 32301		<b>≯</b> . <b>⊘</b>
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its re	gistered agent,
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an offitified in writing of the change.	icer so
Brissen	ure of an officer or director)	Benjamin Ertischek, CFO/Treasu	ırer
I hereby accept I further agree of my duties, an document is be corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obling filed merely to reflect a change in the seen notified in writing of this change. on Service Company	,	
By:	gnature of Registered Agent)	11- 26- ZUZ (Date)	
	thalf of an entity:		
Sylvia Quepp	et, Asst. VP		
(	Typed or Printed Name)		
	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)