

UCC SERVICES Fax: (850) 681-6011 Jan 12 2009 15:56 P.01  
Division of Corporations Page 1 of 1  
**FOS 000000385**

Florida Department of State  
Division of Corporations  
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REGISTERED AGENT CHANGE

PACIFIC BIOSCIENCE LABORATORIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

*RA Change  
Thurs  
1-13-09*

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

1. The name of the corporation: PACIFIC BIOSCIENCE LABORATORIES, INC.
2. The principal office address: 13222 SE 30TH STREET SUITE A-1 BELLEVUE WA 98005
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/24/2005 Document number: F05000000385

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

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

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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.

  
(Signature of an officer or director)

JACK CASKEY, VICE PRESIDENT

(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.

  
(Signature of Registered Agent)

1-9-09

(Date)

If signing on behalf of an entity:

KATHLEEN GARIEPY, ASST SECY

(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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