F05000000385

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 206209

AUTHORIZATION

COST LIMIT

ORDER DATE: May 16, 2012

ORDER TIME : 9:32 AM

ORDER NO. : 206209-054

CUSTOMER NO: 4330294

CHANGE OF AGENT

NAME:

PACIFIC BIOSCIENCE LABORATORIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS:

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

statement of char	provisions of sections 607.0502, 617.0502, 60 nge is submitted for a corporation organized r to change its registered office or registered	under the laws of the State of Washington	
1. The name of the	he corporation: Pacific Bioscience Labor	ratories, Inc.	
2. The principal of	office address: 13222 SE 30th Street, Su	nite A-1, Bellevue, WA 98005	
3. The mailing ac	ddress (if different):		
4. Date of incorp	poration/qualification: 1/24/2005	Document number: F0500000385	
5. The name and	street address of the current registered agent tment of State:	and registered office on file with the	
	NRAI Services, Inc.		in in
· ·	515 E. Park Avenue	LL CARE) Program
	Tallahassee, FL 32301	HASSEE PH	Table .
6. The name and (if changed):	street address of the new registered agent (if	Changed) and /or registered office	
	Corporation Service Company	DATE -	
	1201 Hays Street		
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street addre as changed will	ess of its registered office and the street add be identical.	lress of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by ne board, or the corporation has been notified	its board of directors or by an officer so ed in writing of the change.	
1/ home	JUX / MACREMENT	homas Sarakatsannis, Senior Vice President	
I hereby accept I further agree to fmy duties, and document is being corporation has	the appointment as registered agent and a	(Printed or typed name and title) gree to act in this capacity. s relative to the proper and complete performance tion of my position as registered agent. Or, if this egistered office address, I hereby confirm that the	
By: - lun	r de	08/15/2012	
	gnature of Registered Agent) Phalf of an entity:	(Date)	
	. <u>Dawson, Asst. Vice Pre</u> sident Typed or Printed Name)		

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