

F05000002706

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

11 DEC -8 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 DEC -8 PM 3:31
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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
STRATAGEN SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RA Change
12/8/11
Dr

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

1. The name of the corporation: STRATAGEN SYSTEMS, INC.
2. The principal office address: 12413 WILLOWS RD NE, SUITE 210 KIRKLAND WA 98034
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/02/2005 Document number: F05000002706
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ERB, GARRETT

1040 S GLENCOE RD.

NEW SMYRNA BEACH FL 32168 US

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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 of the corporation has been notified in writing of the change.

Caroline Dunn
Signature of an officer or director

CAROLINE DUNN, DIRECTOR
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.

By: C T Corporation System
Signature of Registered Agent

12/7/11
Date

If signing on behalf of an entity:

Nancy Lynn, Asst. Secretary

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

CR2E045 (8/03)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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