(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
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(Document Number) Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	, ,
	(Document Number)
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Office Use Only



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CORPORATION SERVICE COMPANY
1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	D. : I2000000195				
REFERENC	CE : 936371 8349608				
AUTHORIZATIO	ON Spellelle man				
COST LIM	/ N				
ORDER DATE : July 30, 2021					
ORDER TIME : 1:58 PM					
ORDER NO. : 936371-006					
CUSTOMER NO: 8349608					
CHANGE OF AGENT					
NAME: THE JACKSON LABORATORY					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Bak	cer				
	EXAMINER'S INITIALS:				

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

statement of cha	provisions of sections 607.0302, 617.03 ange is submitted for a corporation orgo er to change its registered office or regis	anized under the laws of the State of _	VE
1. The name of	the corporation: THE JACKSON LABO office address: 610 MAIN STREET BA	RATORY, INCORPORATED	
2. The principal	office address:		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 11/30/2009	Document number: F090000	04682
5. The name and	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file wit	
	C T CORPORATION SYSTEM		20 SE
	1200 SOUTH PINE ISLAND ROAD		2021 AUG -6 A SECRETARY O
	PLANTATION	FL 33324	0-6 17AR
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered offi	TARY OF STATE AHASSEE, FL
	Corporation Service Company		### 36 86
	1201 Hays Street		
	Tallahassee	kox NOT acceptable FL 32301	
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly adoptone board, or the corporation has been n	ed by its board of directors or by an coordified in writing of the change.	officer so
kin.	re of an officer of director	Daniel Hoag, General Counsel &	Secretary
I hereby accept I further agree to of my duties, an document is bei corporation has Corporation	the appointment as registered agent a to comply with the provisions of all sta id I am familiar with and accept the ob ing filed merely to reflect a change in t been notified in writing of this chang in Service Company	nd agree to act in this capacity, stules relative to the proper and comp bligation of my position as registered the registered office address, I hereby e.	plete performance agent. Or, if this confirm that the
By: Jac	Andre of Regressered Agent	07/29/2021 Date	
If signing on be	half of an entity:		
<u></u>	Asst Vice President		
13	yped or Printed Name	EE: \$35.00 * * *	
	" " " FILING P	EE: 333.00 " " "	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)