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: FCA00000023 Phone : (850)205-8842 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:

REGISTERED AGENT CHANGE ARIOSA DIAGNOSTICS, INC.

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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, thi statement of change is submitted for a corporation organized under the laws of the State of	<u></u>
1. The name of the corporation: ARIOSA DIAGNOSTICS, INC.	
2. The principal office address: 5945 OPTICAL CT, SAN JOSE, CA 95138	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 06/27/2012 Document number: F12000002680	
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)	
NATIONAL CORPORATE RESEARCH, LTD.	
155 OFFICE PLAZA DR	
Tallahassee, FL 32301	
5. The same 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 is changed will be identical.	agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so nuthorized by the board, or the comparation has been notified in writing of the change. Kevin A. Marks // Pol. San above	
Signature of an Ollicor of director Printed or Types name and tide	
hereby accept the appointment as registered agent and agree to act in this capacity, further agree to carply with the provisions of all statutes relative to the proper and complete performance of my dulles, and I am familiar with and accept the oldgation of my position as register agent. Or, if this document is being filed merely to reflect a change in the registered office address, I be the composition has been notified in writing of this change. ST Conformion System Assistant Secretary 5 5 2015	rd
f signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHABSEE, FL 32314
CR2E045 (03/12)