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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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## REGISTERED AGENT CHANGE EXELIXIS, INC.

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Help

From: Kaity Toon

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

· · · · · · · · · · · · · · · · · · ·		02, 607,1508, or 617,1508, Florida Statutes, this nized under the laws of the State of Delaware	
	, ,	tered agent, or hoth, in the State of Florida.	
I. The name of the corporation;	Exelixis, Inc.		
2. The principal office address: 1851 Harbor Bay Pkwy, Alar		Alameda, CA 94502	
3. The mailing address (if differ	rent):		
4. Date of incorporation/qualific	cation: 09/06/2012	Document number: F12000003676	
5. The name and street address Florida Department of State:			
Corporation Se	rvice Company		
1201 Hays Suc	ret	APR T	1
Tallahassee, FI	1. 32301-2525	PR TELE	-
(if changed):  C T Corporati	on System	ant (if changed) and /or registered office	
4200 South Pin		Nor II	
Plantation, Flor		NOT acceptable	
The street address of its registe as changed will be identical.	ered office and the street	address of the business office of its registered agent,	
Such change was authorized by authorized by the board, or the	y resolution duly adopte corporation has been no	d by its board of directors or by an officer so officed in writing of the change.	
Fachel Viennee		RACHEL O'CONNOR, VICE PRESIDENT	
Signature of an officer or div I hereby accept the appointment I further agree to comply with of my duties, and I am familian document is being filed merely corporation has been notified	nt as registered agent ar the provisions of all star r with and accept the obj	Printed or typed name and tale and agree to act in this capacity. It the selative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered affice address, I hereby confirm that the selation of the sela	
4.1.01.23	San C. Charles	03/26/2024	
Signature of Registered		Date	
If signing on behalf of an entit	<b>y</b> :		
SEAN L. EMERICK, ASSISTA	NT SECRETARY		
Typed or Printed Nam	1e		
	* * * FILING FI	EE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

Ву: