(Requestor's Name) (Address)	900393725
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	RAGROC
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Office Use Only	RAMSEY JEP - 2 2022



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2022 SEP - 1 PM 3: 16 10 TO T 、コラ

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 905095

AUTHORIZATION: Spulle Man

5042438

COST LIMIT : \$ 35.00

ORDER DATE: August 24, 2022

ORDER TIME : 12:26 PM

ORDER NO. : 905095-007

CUSTOMER NO: 5042438

CHANGE OF AGENT

NAME: KINDRED BIOSCIENCES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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

statement of cha	provisions of sections 607.0502, 617.050 unge is submitted for a corporation organ	nized under the la	ws of the State of $\underline{\mathbb{I}}$	Delaware
	er to change its registered office or regist	-	h, in the State of F.	lorida.
	the corporation: KINDRED BIOSCIENC		-	
2. The principal	office address: 1555 Bayshore Highwa	y #200 Burlingam	e, CA 94010	
3. The mailing a	address (if different):			
	poration/qualification: 09/30/2013			
5. The name and	d street address of the current registered a timent of State: (If resigned, enter resign	agent and registere	-	
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			17-11-17 2022 SEP -1 P
	PLANTATION	FL	33324	
6. The name and (if changed):	street address of the new registered age	nt (if changed) and	d /or registered offi	ce Par
	Corporation Service Company			22
	1201 Hays Street			7
P.O. Box NO F acceptable				
	Tallahassee	FL_	32301	
The street addre	ss of its registered office and the street be identical.	address of the bu	siness office of its	registered agent.
Such change wa authorized by the	is authorized by resolution duly adopted the board, or the corporation has been no	I by its board of d tifted in writing o	irectors or by an of the change.	fficer so
Douis Push	F 197	David Pugh		President
COECDCBOD6F449A			ed or typed name and title	:
of my duties, and document is bein corporation has Corporation	the appointment as registered agent an o comply with the provisions of all state of I am familiar with and accept the obli- ng filed merely to reflect a change in the been notified in writing of this change. I Service Company	utes relative to the gation of my posi e registered office	his capacity. e proper and comp tion as registered e address. I hereby	olete performance agent. Or, if this confirm that the
By: Llose 2	:Kuby	08/01/2022		
Sigr	lature of Registered Agent		Date	
If signing on bel	nalf of an entity:			
Grace E. Kirby, A	Asst. Vice President			
Ty	ped or Printed Name			

MAYE CHECKE BAYADI E TO ELOBINA DEDARTMENT OF CTATE

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