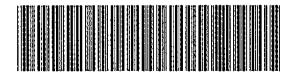
F170000000367

(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:			

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ALLAHASSLÉ, FLURIDA

FEB 1 6 2019 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Amanda Raker amanda.raker@cscglobal.com

Date: February 8, 2019

Order#: 597686-010

Re: SIGNOSTICS INC.

Enclosed please find:

XX___ Change of Registered Agent and Office.

XX Check in the amount of \$35 ...

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Amanda Raker c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA. XCOA

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

statement of cha	nge is submitted for a corporation	organized under the laws of the State of DELAWARE registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: SIGNOSTICS INC	<u>)</u>	
2. The principal	office address: 8310 154th Avenu	e NE Suite 200 Redmond, WA 98052	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 01/25/2017	Document number: F1700000367	
	street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file with the resigned)	
	CT CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND RO		
	PLANTATION	FL 33324	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Corporation Service Company	ed agent (if changed) and /or registered office	
	1201 Hays Street		
	PO.B	ov NOT acceptable FL 32301	
			
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its registered agent.	
Such change wa authorized by th	}	dopted by its board of directors or by an officer so een notified in writing of the change.	
>	xie E. agnie	Jill Cilmi, Vice President	
٠ (e of an officer or director	Printed or typed name and title	
I further agree to performance of agent. Or, if thi hereby confirm	o comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.	
By: X	co tokuble	02/08/2019 Date	
	nature of Registered Agent	1/410	
If signing on bel			
	Asst. Vice President		
- I y	pres or a rimes realic		

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