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(((H22000411525 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone Fax Number : (614)573-3996

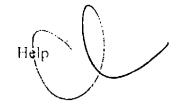
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE JUNO THERAPEUTICS, INC.

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To;

By:

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

statement of cha	inge is submitted for a corporation organi	2, 607 1308, or 617,1308, Florida Statutes, thi ized under the laws of the State of <u>Delaware</u> cred agent, or both, in the State of Florida	<u> </u>
1. The name of t	the corporation: Juno Therapeuties, Inc.		
2 The principal	office address: 400 DEXTER AVENUE N	ORTH. SUITE 1200	 -
	SEATTLE, WA 98109		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 05/25/2017	Document number: F17000002386	
	d street address of the current registered ag tment of State: (If resigned, enter resigned		
	CORPORATION SERVICE COMPANY		2022
	1201 HAYS STREET		2022 DEC
	TALLAHASSEE, FL 32301		1
6. The name and (if changed):	I street address of the new registered agen	t (if changed) and /or registered office	M 8: 46
	C T Corporation System		6
	1200 South Pine Island Road		
	P.O Box Plantation, Florida 33324	NOT acceptable	
The street addre	ss of its registered office and the street a be identical.	address of the business office of its registered	agent,
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officer so iffied in writing of the change	
lsi Sup	hia Park e of an officer or director	Sophia Park, President	
I hereby accept I jurther agree to of my duties, and document is bein	the appointment as registered agent and a comply with the provisions of all statu d I am familiar with and accept the oblig ng filed merely to reflect a change in the been noufied in writing of this change.	Printed or typed name and litte l agree to act in this capacity, tes relative to the proper and complete perfo gation of my position as registered agent. Or registered office address, I hereby confirm t	r if this
Mickly Hall	Miche's Holden, Assistant Secretary	12/06/2022	
•	half of an entity:	Date	
Tr.	ped or Printed Name		
13	pen of Finned Same	. 635.00 . 4.4	