

FI 10000004111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

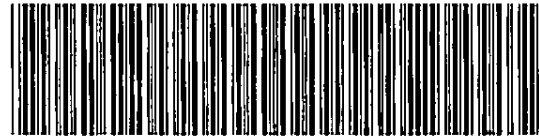
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100312969981

05/04/18--01012--002 **35.00

R. White

R. WHITE

MAY 09 2018

FILED
18 MAY -4 PM 1:31
FBI - BOSTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IOVANCE BIOTHERAPEUTICS, INC.

Name of Corporation

DOCUMENT NUMBER: F17000004140

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Corrie Melchor

Name of Contact Person

Paracorp Incorporated

Firm/Company

2804 Gateway Oaks Dr Ste 100

Address

Sacramento, CA 95833

City/State and Zip Code

cmelchor@myparacorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corrie Melchor

888

418-8861

at ()

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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, this
statement of change is submitted for a corporation organized under the laws of the State of Delaware
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: IOVANCE BIOTHERAPEUTICS, INC.
2. The principal office address: 999 SKYWAY ROAD, SUITE 150
SAN CARLOS, CA 94070
3. The mailing address (if different): 999 SKYWAY ROAD, SUITE 150
SAN CARLOS, CA 94070
4. Date of incorporation/qualification: 09/15/2017 Document number: F17000004140
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)

INCORPORATING SERVICES, LTD.

1540 GLENWAY DRIVE

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Paracorp Incorporated

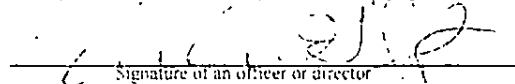
155 Office Plaza Drive, 1st Floor

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

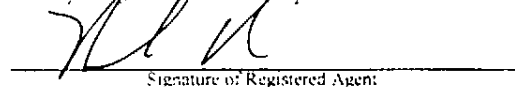
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Frederick G. Vogt, General Counsel

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as registered
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I
hereby confirm that the corporation has been notified in writing of this change.*


Signature of Registered Agent

4/27/18
Date

If signing on behalf of an entity:

NINH HO, ASST. SECRETARY, PARACORP INCORPORATED
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6527, TALLAHASSEE, FL 32314
CR2E045 (03/12)



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: April 27, 2018

AE: Corrie Melchor

TO: Florida Department of State

H1080

REFERENCE: 1162340

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

IOVANCE BIOTHERAPEUTICS, INC.

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS:

<u>Service Description</u>	<u>Check Number</u>	<u>Name</u>	<u>Amount</u>
Change of Registered Agent	650144	Florida Department of State	\$35

PLEASE RETURN: Email

PLEASE CALL (800)533-7272 ATTN: Corrie Melchor TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
(800)533-7272