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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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

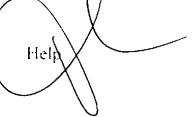
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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REGISTERED AGENT CHANGE D3 ONCOLOGY INC.

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

statement of cha	nge is submitted for a corporation org	$502,607$ $1508,or617,1508,PloridaS$ ganized under the laws of the State of $\frac{\Gamma}{2}$ istered agent, or both, in the State of F	Delaware	his 		
1. The name of t	the corporation: D3 Oncology Inc.					
	office address: 12330 Perry Highway, S	Suite 280, Wexford, PA 15090				
2. The mailing a	iddress (if different): 3100 Hansen Way	/, Palo Alto, CA 94304-1038				
		Document number: F1800000	5085			
5. The name and		d agent and registered office on file wit				
	CORPORATION SERVICE COMPAN	ξY				
1201 HAYS STREET						
	TALLAHASSEE, FL 32301-2525			2		
6. The name and (if changed):	I street address of the new registered a	gent (if changed) and /or registered offi	ice-	2023 MAR		
	C T Corporation System			55 .		
	1200 South Pine Island Road		ا اسار ا د د د	AH 9: 24		
	P.O.	Box NOT acceptable	e 4.	9. '		
	Plantation, Florida 33324			£		
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of its	register	ed agent,		
Such change wa	as authorized by resolution duly adop	ted by its board of directors or by an onotified in writing of the change.	officer so)		
	Ga 27. I	JOE DAVIS, VICE PRESIDENT Printed or typed name and title				
Signani	re of an officer or disector					
I further agree of my duties, and document is being corporation has	nd I am familiar with and accept the o ing filed merely to reflect a change in s been noufled in writing of this cham	tatules relative to the proper and com- phligation of my position as registered the registered office address, I hereb	i avent. (Or. if this		
CT Corporation	nature of Registered Agent	02/27/2023				
Sig	nature of Registered Agent	Date				
If signing on be	half of an entity					
	ACK, ASSISTANT SECRETARY Appel or Printed Name					
•	••	FEE: \$35.00 * * *				
M	MAKE CHECKS PAYABLE TO F	FLORIDA DEPARTMENT OF STATE DO BOX 6327 TALLABASSEE FL.3	17711			

CR2E(45 ((4/13)

Ву: