	ANITA AVE, SUITE 205 Y, CA 91780 US			
FEI Number: 32-0400050			Certificate of Status Desired: Yes	
Name and A	ddress of Current Registered Agent:			
COGENCY GLC 115 NORTH CA TALLAHASSEE	LHOUN STREET, SUITE 4			
The above name				
The above hamed	entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Florida.	
	entity submits this statement for the purpose of changing its regis : ALEXIS CASSIDY	tered office or regis	tered agent, or both, in the State of Florida. 05/01/2017	
		tered office or regis		
SIGNATURE	: ALEXIS CASSIDY	tered office or regis:	05/01/2017	
SIGNATURE	ALEXIS CASSIDY Electronic Signature of Registered Agent	tered office or regis	05/01/2017	
SIGNATURE	ALEXIS CASSIDY Electronic Signature of Registered Agent Person(s) Detail :		05/01/2017 Date	
SIGNATURE Authorized I	ALEXIS CASSIDY Electronic Signature of Registered Agent Person(s) Detail : CEO	Title	05/01/2017 Date	

Current Mailing Address:

DOCUMENT# M15000002952

4978 SANTA ANITA AVE, SUITE 205

TEMPLE CITY, CA 91780

Entity Name: FULGENT THERAPEUTICS LLC

Current Principal Place of Business:

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

CFO SIGNATURE: PAUL KIM

Electronic Signature of Signing Authorized Person(s) Detail

05/01/2017

Date