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

## **Current Mailing Address:**

DOCUMENT# M1500002952

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

## FILED May 01, 2017 **Secretary of State** CC9315064411