	ANITA AVE, SUITE 205 Y, CA 91780 US				
FEI Number: Name and A	32-0400050 ddress of Current Registered Agent:	Certificate of Status Desired: Yes			
COGENCY GLO 115 NORTH CAI 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.					
SIGNATURE	: ALEXIS CASSIDY		03/25/2019		
	Electronic Signature of Registered Agent		Date		
Authorized F	Person(s) Detail :				
Title	CEO	Title	CFO		
Name	HSIEH, MING	Name	KIM, PAUL		
Address	4978 SANTA ANITA AVE, SUITE 205	Address	4978 SANTA ANITA AVE, SUITE 205		
City-State-Zip:	TEMPLE CITY CA 91780	City-State-Zip:	TEMPLE CITY CA 91780		

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.

SIGNATURE: PAUL KIM	CFO
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Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# M1500002952

Entity Name: FULGENT THERAPEUTICS LLC

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

4978 SANTA ANITA AVE, SUITE 205 TEMPLE CITY, CA 91780

Current Mailing Address:

FILED Mar 25, 2019 Secretary of State 6175484713CC

03/25/2019 Date