

F04000003605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

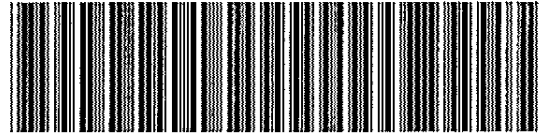
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN 21 PM 12:06

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chang

C. Coulliette JUN 21 2005

CT CORPORATION

June 21, 2005

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 6389961 SO
Customer Reference 1: COA Florida
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Dakocytomation California, Inc. (CA)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Benjamin Socia
Fulfillment Specialist
benjamin_socia@cch-lis.com

1203 Governors Square Boulevard
Tallahassee, FL 32301-2960
Tel. 850 222 1092
Fax 850 222 7615

**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 California _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DakoCytomation California, Inc.
2. The principal office address: 6392 Via Real, Carpinteria, CA 93013
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6-24-04 Document number: F040000003605
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CorpDirect Agents, Inc.
103 North Meridian Street, Lower Level
Tallahassee, FL 32301

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

C T Corporation System
1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation, FL 33324

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Klaus Kjeld _____ President _____
(Signature of an officer or director) (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.

Donald Bogdany _____ 6/18/2005 _____
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Donald Bogdany _____
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314