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SECRETARY OF STATE
AND ASSET FIORID.

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Q-Panel Lab Products (Name of	Corporation of Corporation)
DOCUMENT NUMBER: F9500000063	6
The enclosed Amendment and fee are submi	tted for filing.
Please return all correspondence concerning	this matter to the following:
J. Patricia Massey, Sr. Paralega	1
(Name of Contact Person)	•
McDonald Hopkins Co., LPA	
(Firm/Company)	
600 Superior Avenue, Suite 2100	
(Address)	
Cleveland, Ohio 44114-2653 (City/State and Zip Code) For further information concerning this matt	er please call:
Tot future information concerning this mate	or, picase can.
Pat Massey (Name of Contact Person)	at (216) 348-5459 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	t:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	X \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

	F95000000	0636		
	(Document number of co	orporation (if	known)	10 % A
	O			智量
1. Q-Panel Lab Products	of corporation as it appears on the	e records of t	he Department of State)	700
(Name	or corporation as it appears on the	ie records or t	ne Department of State)	S. F.
2. Ohio		3	2/7/95 Date authorized to do busine	SS in Floriday
(Incorporated	under laws of)	<u> </u>	Date authorized to do busine	ss in Florid
				Dr.
	SECTIO			
	(4-7 COMPLETE ONLY THE	APPLICABI	LE CHANGES)	
4. If the amendment changes th	e name of the corporation, v	vhen was th	e change effected unde	er the laws of
its jurisdiction of incorporati	•		U	
•				
5. Q-Lab Corporation				
(Name of corporation after the	ne amendment, adding suffix not contained in new name	("corporati	on," "company," or "ir	scorporated," or
appropriate aboreviation, in	not contained in new name	or the corp.	oration)	
			·	
(If new name is unavailable i business in Florida)	n Florida, enter alternate cor	porate nam	e adopted for the purpo	se of transacting
ousiness in Plotida)				
6. If the amendment changes th	a pariod of duration indicat		d of dunction	
o. If the amendment changes th	e period of duration, indicat	e new penc	ou of unfation.	
	(New dur	ration)		
7. If the amendment changes th	e jurisdiction of incorporation	on indicate	new jurisdiction	
7. If the amendment changes th	e jurisdiction of meorporation	Jii, ilidicate	new jurisdiction.	
	(New juris	sdiction)		
_	, ,	,		
Davida N	1/920-			
(Signature of Adirector, pr	esident or other officer - if in the	hands		
of a receiver or other cour	t appointed fiduciary, by that fidu	ciary)		
Douglas M. Gros	sman		President	
(Typed or	printed name of person signing)		(Title of person	on signing)

DATE: 12/07/2005 DOCUMENT ID 200534100266 DESCRIPTION DOMESTIC/AMENDMENT TO ARTICLES (AMD)

FILING

100.00

PENALTY .00 CERT

COPY

Receipt

This is not a bill. Please do not remit payment.

BUTLER REPORT 150 E. MOUND ST #209 ATTN: DIANA COMPTON COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

336054

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

Q-LAB CORPORATION

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

DOMESTIC/AMENDMENT TO ARTICLES

200534100266



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 6th day of December,

A.D. 2005.

Ohio Secretary of State



Prescribed by J. Kenneth Blackwell

Ohio Secretary of State Central Ohio: (614) 466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos e-mail: busserv@sos.state.oh.us

Expedite this Form: (80001000) Mail Form to one of the Following: PO Box 1390 Columbus, OH 43218 *** Requires an additional fee of \$100 *** PO Box 1028 Columbus, OH 43216

Certificate of Amendment by Shareholders or Members (Domestic)

Filing Fee \$50.00

(1) Domestic for Profit Amended (122-AMAP)	PLEASE READ INSTRUCTIONS! Amendment (125-AMOS)	(2) Domestic Non-Profit Amended (128-AMAN)	Amendment (128-AND)
Complete the general infor	mation in this section for the box checi	ed above.	
Name of Corporation	O-Panel Lab Products Corporation		
Charter Number	336054		
Name of Officer	Douglas M. Grossman		i
Title	President		:
Please check if additional	provisions attached.		
The above named Ohio c	orporation, does hereby certify that:		
A meeting of the	- Ishareholders	☐ directors /	n-profit amended articles only)
- -		directors (not	- prom smenoso articres only)
I members was duly ca		Date)	
vote was cast which entitl In a writing signed by	m was present in person or by proxy, so them to exercise all of the Shareholders directly be entitled to the notice of a meeting	% as the voting power of ctors (non-profit emended a	the corporation.
articles of regulations		or seen other proportion (iot less than a majority as the
<u> </u>			
Clause applies if amended	l box is checked.		
	ng amended articles of incorporations		

Page 1 of 2

Last Revised: May 2002

IRST:	The name of the	corporation is:	Q-Lab Corporation	···	
ECON	D: The place in the S	State of Ohio wh	ere ita principal office is	ocated is in the City	y of:
	(city, viltage or townsh	n ip)		(county)	
HIRD:	The purposes of	the corporation a	are as follows:		
	ſ				
	<u> </u>		·		
OURTI	H: The number of si		corporation is authorized	to have outstanding	ng ls:
OURTI	H: The number of si		corporation is authorized a not apply to box (2))	to have outstandin	ng ls:
OURTI				to have outstanding	ng ls:
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fust be signed	REQUIRED a authenticated by an authorized ntative	Authorized Couglas M. G	a not apply to box (2))		5 Dec 2005
lust be signed	REQUIRED a authenticated by an authorized ntative	Authorized/F Douglas M. G (Print Name)	e not apply to box (2)) Apply to box (2)) Representative irossman, President		5 Dec 2005 Date
fust be signed epreser	REQUIRED a authenticated by an authorized ntative	Authorized/F Douglas M. G (Print Name)	a not apply to box (2))		5 Dec 2005