Division of Corporations Page 1 of 1 rme Hing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H130000446683))) H130000446683ABC% Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. -----To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (850)222-1092 Fax Number : (850)878-5368 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: COR AMND/RESTATE/CORRECT OR O/D-RESIGN NTD LABORATORIES. INC. Certificate of Status 0 Certified Copy 0 Page Count 04 3 Estimated Charge \$35.00 Corporate Filing Mk Electronic Filing Menu TEMON 2124 https://efile.sunbiz.org/scripts/efilcovr.exe 2/26/2013 PAGE 01/05 NOITAROAROD TO 2609229998 02:11 8102/22/20

COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: NTD Laboratories, Inc.

Name of Corporation

DOCUMENT NUMBER: F11000004423

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

com
ual report notification)
ter, please cali:
at (781) 663-6900
_ at (781) 663-6900 Area Code & Daytime Telephone Number
nt:
s \$43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FL021 - 05/07/2009 C T Filseg Manager Caline

850-617-6381

2/26/2013 3:28:48 PM PACE 1/001 Fax Server



February 26, 2013

FLORIDA DEPARTMENT OF STATE Division of Corporations

NTD LABORATORIES, INC. 940 WINTER ST ATTN: J PEARL WALTHAM, MA 02451

SUBJECT: NTD LABORATORIES, INC. REF: F11000004423

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheat.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II FAX Aud. #: H13000044668 Letter Number: 313A00004648

> *RE-SUBMIT* Places ration original filing date of submission <u>2126</u>

P.O BOX 6327 - Tallahassee, Florida 32314

ΥËD	kh 8: 19	FIL BRIDA
	13 FEB 27	

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)

F11000004423

	(Document number of corporation (if known)			44 s	EB.	
1.	NID	Laboratories, Inc.		Ø	25	
	(Name of corporation as it appe	ars on the records of the D	epartment of State)		Ka	
2.	New York	3.	11/03/2011		÷.	_
	(Incorporated under laws of)	(Date	authorized to do business i	n Florida)	Co Co	

SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 12/19/2012

5. PerkinElmer Labs, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than
90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official
having custody of corporate records in the prisdiction under the laws of which it is incorporated.

(Signature of director, president or other afficer# if in the hands
of a receiver or other court appointed muciary, by that fiduciary)
John L. Healy
(Typed or printed name of person signing)

. .

÷.

State of New York } ss: **Department of State**

I hereby certify, that a Certificate of Amendment of NTD LABORATORIES, INC., changing its name to PERKINELMER LABS, INC., filed in this Department on 12/19/2012.

201302250523 102



WITNESS my hand and the official seal. of the Department of State at the City of Albary, this 22nd day of February two thousand and thirteen.

First Deputy Secretary of State

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