

To: Page 2 of 2
Division of Corporations

2017-10-31 14:18:22 CST

19542080845 From: Ranae McGraw

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H170002872093)))



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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
Fax Number : (954) 208-0845

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
QUALITY ASSURED SERVICES, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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17 OCT 31 AM 8:49

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 OCT 31 AM 8:36

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: QUALITY ASSURED SERVICES, INC.

DOCUMENT NUMBER: P01000103237

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/ Company

Address

City/ State and Zip Code

regina.estes@abbott.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regina Estes

at (_____)

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
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

FILED

17 OCT 31 AM 8:36

Articles of Amendment
to
Articles of Incorporation
of

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

QUALITY ASSURED SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P01000103237

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

100 Abbott Park Road, Abbott Park, IL 60064

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

100 Abbott Park Road, Abbott Park, IL 60064

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P ~ President; V ~ Vice President; T ~ Treasurer; S ~ Secretary; D ~ Director; TR ~ Trustee; C ~ Chairman or Clerk; CEO ~ Chief Executive Officer; CFO ~ Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|------------------------------------|-------|----------------|---------|
| 1) <input type="checkbox"/> Change | _____ | See Attachment | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 2) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 3) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |

1) ☐ Change

☐ Add

☐ Remove

2) ☐ Change

☐ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)"

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated October 31, 2017 _____

Signature _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

By: Terrie Bates

(Typed or printed name of person signing)

Attorney in Fact

(Title of person signing)

Attachment

QUALITY ASSURED SERVICES, INC.

Re: Articles of Amendment

D. If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

Remove the following:

Title SECRETARY

CHINIARA, ELLEN

51 SAWYER ROAD
SUITE 200
WALTHAM, MA 02453

Title DIRECTOR

CRAMP, DANIELLA
30 SOUTH KELLER ROAD
ORLANDO, FL 32810

Title PRESIDENT, DIRECTOR

ARAUJO, CLAUDIO
30 SOUTH KELLER ROAD
ORLANDO, FL 32810

Title DIRECTOR

BARRY, DOUGLAS JOHN
51 SAWYER ROAD
SUITE 200
WALTHAM, MA 02453

Title TREASURER

TOM, DAVID
30 SOUTH KELLER ROAD
ORLANDO, FL 32810

Title VICE PRESIDENT

BONNELL, BRIAN
30 SOUTH KELLER ROAD
ORLANDO, FL 32810

Add the following:

| <u>Name</u> | <u>Title</u> | <u>Address</u> |
|--------------------------|--|---|
| ✓ Brian B. Yoor | Director | 100 Abbott Park Road, Abbott Park, IL 60064 |
| ✓ Sharon J. Bracken | President | 100 Abbott Park Road, Abbott Park, IL 60064 |
| ✓ Karen M. Peterson | Vice President and Treasurer | 100 Abbott Park Road, Abbott Park, IL 60064 |
| ✓ Gregory A. Tazalla | Vice President and Assistant Treasurer | 100 Abbott Park Road, Abbott Park, IL 60064 |
| ✓ Benjamin E. Oosterbaan | Assistant Treasurer | 100 Abbott Park Road, Abbott Park, IL 60064 |
| ✓ John A. Berry | Secretary | 100 Abbott Park Road, Abbott Park, IL 60064 |
| ✓ Tara A. Kaesebier | Assistant Secretary | 100 Abbott Park Road, Abbott Park, IL 60064 |
| ✓ Paul D. Yasger | Assistant Secretary | 100 Abbott Park Road, Abbott Park, IL 60064 |