P08000076956

(Requestor's Name) (Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Dusiness Littly Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Filling Officer.	

Office Use Only



500271664905



2015 MAY IL AM 9: 16
SECRETARY OF STATE
AHASSEE, FLORIDA

MAY 1 5 2014 C. CARROTHERS CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195
REFERENCE	
AUTHORIZATION	Spell Cenan
COST LIMIT	: \$ 35 00 rell p
ORDER DATE: May 14, 2015	: \$ 35 Prelo al man
ORDER TIME : 10:24 AM	
ORDER NO. : 628876-010	
CUSTOMER NO: 7424465	
DOMESTIC AM NAME: ALERE TOXICOLO	ENDMENT FILING GY INC.
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCOME.	RPORATION
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STAI	NDING
CONTACT PERSON: Lydia Cohen	EXT# 62974

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section Division of Corporations

ATION: Alere Toxicology ER: P08000076956		
f Amendment and fee are su	ibmitted for filing.	
ondence concerning this ma	itter to the following:	
anice Amato		
	Name of Contact Perso	n
Viere Inc.		
	Firm/ Company	
1 Sawyer Road, Ste 200	•	
	Address	
Valtham, MA 02453		
	City/ State and Zip Cod	le
ımato@alere.com		
	sed for future annual report	(notification)
concerning this matter, pleas		<u>,</u> 314-2142
Contact Person		ode & Daytime Telephone Number
the following amount made		•
□\$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		Address Iment Section
		on of Corporations
lox 6327	Cliftor	n Building
assee, FL 32314		Executive Center Circle assee, FL 32301
	Alere Inc. Sawyer Road, Ste 200 Waltham, MA 02453 Amato@alere.com E-mail address: (to be use concerning this matter, please concerning the following amount made and a concerning the concerning the following amount made and a concerning the concerning t	Name of Contact Person Firm/ Company Sawyer Road, Ste 200 Address Waltham, MA 02453 City/ State and Zip Coordinate annual report Concerning this matter, please call: at (781 Tennal address) Tennal address and the following amount made payable to the Florida Deputh annual report Say 3.75 Filing Fee & Certified Copy (Additional copy is enclosed) The Address and Street annual report Say 3.75 Filing Fee & Certified Copy (Additional copy is enclosed) The Address and Street annual report Say 3.75 Filing Fee & Certified Copy (Additional copy is enclosed) The Address annual report Say 3.75 Filing Fee & Certified Copy (Additional copy is enclosed)

Articles of Amendment to Articles of Incorporation of

Alere Toxicology Inc.		
(Name of Corporation as c	currently filed with the Florida Dept. of State)	
P08000076956		
(Document Nu	omber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	es, this Florida Profit Corporation adopts the following am	endment(s) to
A. If amending name, enter the new name of the corporat	tion:	
	The	пен
name must be distinguishable and contain the word "cor, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	poration," "company," or "incorporated" or the abbrev c," or "Co". A professional corporation name must conta	riation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	*****
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEC SHA	2015 HAY
D. If amending the registered agent and/or registered office a	ce address in Florida, enter the name of the address:	14 AM 9:16
Name of New Registered Agent		
(Fig.	orida street address)	
· ·	•	
New Registered Office Address:	, Florida	
	, ,,	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai	Agent: miliar 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	CFO	Robert A. Gardebled Jr.	
Add X Remove			
2) Change	T	Robert A. Gardebled Jr.	
Add X Remove			
3) Change	CFO	Barry Chapman	3650 Westwind Boulevard
X Add			Santa Rosa, CA 95403
Remove			-
4) Change	T	Barry Chapman	3650 Westwind Boulevard
X Add			Santa Rosa, CA 95403
Remove			
5) Change			
Add			and the second s
Remove			
6) Change			
Add			
Remove			

If amending or adding additions Attach additional sheets, if necess	ary). (Be spec	ific)			

				·	
f an amendment provides for a	exchange, rech	assification, or o	cancellation of i	ssued shares,	
provisions for implementing the (if not applicable, indicate N.	amendment if i	not contained in	the amendmen	<u>t itselt:</u>	
					
			· · · · · · · · · · · · · · · · · · ·		

date this document was signed.	adoption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	n
	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
May 13,	2015
Signature	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fadiciary by that fiduciary)
-	Jay McNamara
	(Typed or printed name of person signing)
	Assistant Secretary and Director- Appointment Committee
	(Title of person signing)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Alere Toxicology	Inc		
DOCUMENT NUMBER: P08000076956			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Janice Amato			
	Name of Contact Persor)	
Alere Inc.			
	Firm/ Company		
51 Sawyer Road, Ste 200			
	Address		
Waltham, MA 02453			
	City/ State and Zip Code	e	
janice.amato@alere.com			
-	used for future annual report	notification)	
		,	
For further information concerning this matter, plea	ase call:		
Janice Amato	81 (781	314-2142	
Name of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:	
\$35 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		Address	
Amendment Section Division of Corporations	-	Iment Section on of Corporations	
P.O. Box 6327		Building	
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301