# P11000075395

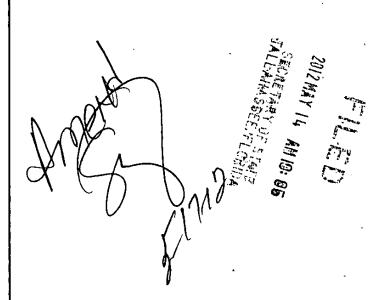
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### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HYBRID TE	ECH, INC	·
DOCUMENT NUMBER: P1100007529	5	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	•
YVETTE RASHID		· .
	Name of Contact Person	
UNIVERSAL ACC	COUNTING	
<del></del>	Firm/ Company	
2787 E OAKLANI	D PARK BLVD S	STE 204
	Address	
FORT LAUDERD	ALE, FL 33306	:
<del></del>	City/ State and Zip Code	;
yvette@universalacc	ountingfinancial	com .
	sed for future annual report	
•	·	
For further information concerning this matter, pleas	se call:	•
WETTE DACIND	054	700 0000
YVETTE RASHID	. at (954	728-8982
Name of Contact Person	. Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\times \text{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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation**

# HYBRID TECH, INC

P11000075295	•			
(Document Number	r of Corporation (if	known)		30
Pursuant to the provisions of section 607.1006, Flo ts Articles of Incorporation:	orida Statutes, this F	Florida Profit Corpo	ration adopts the	following am
A. If amending name, enter the new name of the	e corporation:	•		•
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co vord "chartered," "professional association," or i	orp," "Inc," or "C	Co". A professional	'incorporated'' o corporation nan	The or the abbrevine must conto
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		·		
			•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )			
•		<del> </del>	<del>.</del>	
D. If amending the registered agent and/or regi			the name of the	
new registered agent and/or the new register	red office address:			
Name of New Registered Agent			· · · · · · · · · · · · · · · · · · ·	
·	(Florida stre	et address)	<u></u>	
New Registered Office Address:	(City)		Florida	Code)
	(City)		(ZIP)	(ode)
Nam Designation of Amenda Circustum 16 -1	Danistanad America			
New Registered Agent's Signature, if changing lead the hereby accept the appointment as registered agents.		ith and accept the ol	oligations of the p	osition.
Sianatura o	of New Registered A	gent if changing	<del></del>	

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	٠	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
Change Add Remove	PTS	JEAN OSORIO .	<del></del>	2101 VISTA PARKWAY STE 306 WEST PALM BEACH FL 33411
2) Change	PTS	ABDUL RASHID	<del></del>	1108 SE 13TH AVE DEERFIELD BEACH, FL 33441
3) Change Add Remove.	. <del></del>		:, · · · · · · · · · · · · · · · · · · ·	
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove	<u></u>			

	(Be specific)
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•	· · · · · · · · · · · · · · · · · · ·
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<u> </u>	
	<u> </u>
	-
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A) .	
(if not applicable, indicale N/A)	
(if not applicable, indicale N/A)	
(if not applicable, indicale N/A)	
(if not applicable, indicale N/A) .	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s	) adoption: <u>05/01/2012</u>
Effective date <u>if applicable</u> :	05/01/2012
<u></u>	. (no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_05/0	1/2012/
Signature	Joan Osono
(By	a director, president or other officer – if directors or officers have not been
	ected, by an incorporator - if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)
	JEAN OSORIO
	(Typed or printed name of person signing)
•	PRESIDENT
•	(Title of person signing)