P94000027638

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	TRI-TECH SYSTEMS, INC.				
DOCUMENT NUMBER: P9400002	27638				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concern	ning this matter to the following:				
HEATHER PE	ERKINS				
	Name of Contact Person				
	Firm/ Company				
7512 DR. PHI	LLIPS BLVD UNIT 50-956				
ORLANDO, F	Address ORLANDO, FL 32819				
	City/ State and Zip Code				
INFO@HYBRID-AC	CCOUNTING.COM				
E-mail addre	ss: (to be used for future annual report notification)				
For further information concerning this r	natter, please call:				
HEATHER PERKINS	at ()at ()				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following am	ount made payable to the Florida Department of State:				
\$35 Filing Fee \$43.75 Fili Certificate					
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Clifton Building				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TRI-TECH SYSTEMS, INC

·	TRI-TECH SY	STEMS, INC	
(Name	of Corporation as curre	tly filed with the Florida Dept.	of State)
	P9400002	7638	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
HYBRID ACCOUNTING, INC.			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporat	tion name must contain the
B. Enter new principal office address,	<u>TREET ADDRESS</u>) i <u>cable:</u>	7512 DR. PHILLIPS BLVD	
(Principal office address MUST BE A S		UNIT #50-956	器 3 丁
		ORLANDO, FL 32819	SSE P
C. Enter new mailing address, if apple		7512 DR. PHILLIPS BLVD	7 27 0
		UNIT #50-956	
		ORLANDO, FL 32819	
D. If amending the registered agent an new registered agent and/or the ne			e of the
Name of New Registered Agent	7512 DR DIJI I INC DI	VD INIT 50 056	
	7512 DR. PHILLIPS BI	street address)	
	ORLANDO	,	32819
New Registered Office Address:		(City)	Florida (Zip Code)
		(-19)	(-7>
New Registered Agent's Signature, if c I hereby accept the appointment as regist			of the position.
	Signature of New	Registered Agent, if changing	
	Digitalian C Of Men	TOPOSTO CONTRACTOR OF COMMENTS	

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	<u>Name</u>	<u>Addres</u> s
1) Change	P	RAY F DACEY	PO BOX 364
Add			OXFORD, FL 34484
X Remove			
2) Change	DIR.	JUDITH E. DACEY	16910 S US HWY 441
Add			SUITE 205
X Remove			SUMMERFIELD, FL 34491
3)Change	P	HEATHER PEKINS	7512 DR. PHILLIPS BLVD
X Add			UNIT #50-956
Remove			ORLANDO, FL 32819
4) Change	····		
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
4.4	
F. If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A) N/S	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	
	

	02/20/17	
The date of each amendment(s) adoption date this document was signed.	ption:	, if other than the
Effective date if applicable:	04/01/17	
	(no more than 90 days after amendment file date)	1
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirement artment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the ame cient for approval.	endment(s)
	wed by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and sl	nareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareh	ıolder
03/18/17 Dated		
Signature	Veather Perkins	
(By a dire	ctor, president or other officer - if directors or officers have r	
	by an incorporator — if in the hands of a receiver, trustee, or o I fiduciary by that fiduciary)	ther court
Н	EATHER PERKINS	
	(Typed or printed name of person signing)	
PI	RESIDENT	
	(Title of person signing)	