P95000082385

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COVER LETTER

TO: Amendment Sec Division of Cor			
	TRICON		
NAME OF CORPO	RATION: System	is Corp.	
	P95000082385		
DOCUMENT NUM			
The enclosed Article	s of Amendment and fee are su	ubmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Susan Sanderson		
	TRICEN Friten Systems Corp	Name of Contact Perso	n
		Firm/ Company	
	120 S. University Driv	e Suite D	
		Address	
	Plantation, FL 33324		
		City/ State and Zip Cod	e
sus	ans@rezometry.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Susan Sanderson		954 at (370-6050 x 1
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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			Address ment Section
	ision of Corporations		on of Corporations
P.O	. Box 6327	Clifton	Building
Tal	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation

T riton Systems Corp	or .	
(Name of Corporation as currently filed with the P95000082385	Florida Dept. of State)	
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following	ing amendment(s) t
A. If amending name, enter the new name of the corporation: Rezometry Inc.		The new
name must be distinguishable and contain the word "corporat."Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name musi	abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	SECRETARY SECRETARY SIVISION OF C
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		2 MII: 1
Name of New Registered Agent Nis		二步
(Florida s	treet address)	
New Registered Office Address: (City	;) , Florida, (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar		
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)	<u>Title</u>	<u>Name</u>	Address
1) Change		N/A	
Add Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	heets, if necessary).				
N/A_					
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rovisions for imp	plementing the ame ble, indicate N/A)	endment if not con	ntained in the am	endment itself:	141 031
N/A	oie, maicale IVA)				
N/ / \		 -	-		
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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 May 1/5 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)	
appointed fiduciary by that fiduciary)	
RICHARD SANOERSA	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_