

# F21000005457

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

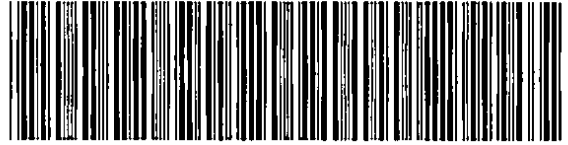
\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
7/11/2021

2021 NOV 22 AM 9:02

FIL 500



2021 NOV 22 PM 12:41

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 18, 2021

AUBREY VELLA  
PO BOX 3470 PMB 15777  
HONOLULU, HI 96801

SUBJECT: TERRAFORMATION INC.  
Ref. Number: F21000005457

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) can only be filed by a Foreign Not for Profit Corporation. Your entity is a Foreign for Profit Corporation. Please complete the enclosed Amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 521A00025253

\* Requested Amendment Form enclosed.  
\* Check previously provided. If any questions  
or issues you can call 415-577-7696 or 800-633-8683.  
Thank you!

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Terraformation Inc.

Name of Corporation

DOCUMENT NUMBER: F21000005457

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aubrey Vella

Name of Contact Person

Terraformation Inc.

Firm/Company

P.O. Box 3470 PMB 15777

Address

Honolulu, HI 96801-3470

City/State and Zip Code

corp-hr@terraformation.com

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

For further information concerning this matter, please call:

Aubrey Vella

Name of Contact Person

at ( 808 )

633-8683

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

Mailing Address:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

2021 NOV 22 AM 9:02

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F21000005457

(Document number of corporation (if known))

Terraformation Inc.

1. \_\_\_\_\_  
 (Name of corporation as it appears on the records of the Department of State)

Delaware

9-20-2021

2. \_\_\_\_\_ 3. \_\_\_\_\_  
 (Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
 (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
 (New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
 (New jurisdiction)

8. 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

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO/President	Yishan Wong	65-1264 Lindsey Rd.	<input checked="" type="checkbox"/> Add
		Kamuela, HI 96743	<input type="checkbox"/> Remove
Secretary	Ricky Fong	65-1264 Lindsey Rd.	<input checked="" type="checkbox"/> Add
		Kamuela, HI 96743	<input type="checkbox"/> Remove
CFO/Treasurer	Prem Lalvani	65-1264 Lindsey Rd.	<input checked="" type="checkbox"/> Add
		Kamuela, HI 96743	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

0. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

DocuSigned by:

*Yishan Wong*

B1B5B90520444

Yishan Wong

(Typed or printed name of person signing)

(Signature of a director, president or other officer - if in the hands of  
a receiver or other court appointed fiduciary, by that fiduciary)  
CEO/President

(Title of person signing)

FILING FEE \$35.00