

P02000130662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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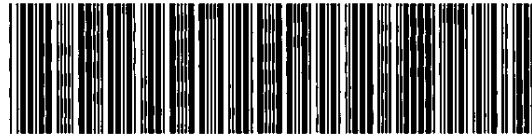
(Business Entity Name)

(Document Number)

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05/22/09--01032--007 **52.50

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09 MAY 22 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend
* evs
* cc
5/29/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TERRASERVE INC.

DOCUMENT NUMBER: P0200130662

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALFRED LOCKYER SR.
Name of Contact Person

TERRASERVE INC.
Firm/ Company

197 HARMONY LANE
Address

TITUSVILLE, FL. 32780
City/ State and Zip Code

AL@MALLARD SYSTEMS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AL LOCKYER at (407) 310-4640
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

TERRASERV Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P0200130662

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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)

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D. 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:

ALFRED LOCKYER

New Registered Office Address:

197 HARMONY LANE

(Florida street address)

TITUSVILLE

(City)

Florida 32780
(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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Pres.	KAREN A Lockyer	1458 MT. LAUREL DR. WINTER SPRINGS FL. 32708	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Pres	ALFRED CHARLES Lockyer	1458 MT LAUREL Dr. WINTER SPRINGS FL. 32708	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Sec/TREA	ALFRED LOCKYER	197 HARMONY LN TITUSVILLE FL. 32780	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

ALFRED C. LOCKYER 140 SHARES.

ALFRED LOCKYER 60 SHARES

THIS IS A REDISTRIBUTION OF THE ORIGINAL 200 SHARES.

The date of each amendment(s) adoption: 5/1/09

Effective date if applicable: 5/1/09
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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 5/1/09
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)

ALFRED LOCKYER
(Typed or printed name of person signing)

Sec / TREASURER
(Title of person signing)