# P03000191192

(Requestor's Name)	
(Address)	7002
(Address)	1002
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	09/27/1
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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SECRETARY OF STATE

ALLAHASSEE, FLORIBA

### COVER LETTER

Division of Corporations
NAME OF CORPORATION: MALLARd SYSTEMS INC.
DOCUMENT NUMBER: P03000091192.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALFRED LOCKYER.  Name of Contact Person
MANARD SYSTEMS TNC.
18735 E. COLONIAL DR.
ORLANdo, FL. 32820 City/State and Zip Code
AL. Lockyer SROGMAIL. Com E-mail address: (to be )sed 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:
\$35 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (Additional copy is enclosed) \$\ \text{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



September 29, 2011

ALFRED LOCKYER MALLARD SYSTEMS INC 18735 E. COLONIAL DRIVE ORLANDO, FL 32820

SUBJECT: MALLARD SYSTEMS INC.

Ref. Number: P03000091192

We have received your document for MALLARD SYSTEMS INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P08000080559 - LOCKYER CORP...

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 811A00022524

# **Articles of Amendment**

· to ·

Articles	of	Incorpo	ration
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MALLARD SUSTEMS INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P030000 91192
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopte the following amendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:
LOCKYER INVESTMENTS INC. 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)  TITUS VILLE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  TITUSVILLE, JL. 32780
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: NO Change.
New Registered Office Address: 132 HARMONY LANE  (Florida street address)
TITUSVILLE H_, Florida 32780 (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.
1 негоду ассерт те арронитет из гезыветей азет. Тат јатина with and ассерт те допзанот од те postiton.
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>	Address	Type of Action
			T Dames
(attach add	ng or adding additional Articles, electional sheets, if necessary). (Be s	pecific)	
provision	ndment provides for an exchange s for implementing the amendmen applicable, indicate N/A)	reclassification, or cance t if not contained in the a	<u>llation of issued shares,</u> mendment itself:
			,
		·············	

The date of each amendment	(s) adoption: SEDI 8, 2011.
Effective data if applicable.	(s) adoption: SEDI 8 2011.  (date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	SEPT 8, 2011
Signature	OLE Re-
(By sele	a director, president or other officer if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Alfred Lockyer SR. (Typed or printed name of person signing)
	PRESIDENT.  (Title of person signing)