# P05000091394

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ldress)            |             |
| (Ad                     | ddress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | MAIT               | MAIL        |
| (Bu                     | usiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
| ,                       |                    |             |
|                         |                    |             |

Office Use Only



900242239449

11/30/12--01023--026 \*\*35.00

Amend



DEC 1 1.2012
T. ROBERTS



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2012

TRACEY L. MAIER, ESQ. WILLIAMS COULSON 420 FT DUQUESNE BLVD 16TH FL PITTSBURGH, PA 15222

SUBJECT: PELICAN SOLUTIONS, INC.

Ref. Number: P05000081394

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

The date of adoption of each amendment must be included in the document.

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.

Tina Roberts
Regulatory Specialist II

Letter Number: 412A00028608



ONE GATEWAY CENTER
420 FORT DUQUESNE BOULEVARD • 16<sup>th</sup> FLOOR
PITTSBURGH, PA 15222

(412) 454-0200 • FAX: (412) 281-6622

Tracey L. Maier (412) 454-0236 tmaier@williamscoulson.com

December 10, 2012

#### **VIA FEDERAL EXPRESS**

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Pelican Solutions, Inc.

Dear Sir or Madam:

As requested, I have enclosed, for filing, Articles of Amendment for the above entity, corrected as your office instructed. The \$35 filing fee is already deposited in your account.

Please call me with any questions.

Very truly yours,

Tracey L. Maier

TLM/mdw

PEC I AN IO: LES

WILLIAMS COULSON JOHNSON LLOYD PARKER & TEDESCO, LLC

IRS CIRCULAR 230 TAX ADVICE DISCLAIMER: Any federal tax advice contained in this communication (including attachments or enclosures) is not intended or written to be used, and it cannot be used, for the purpose of (1) avoiding any penalty that may be imposed by the Internal Revenue Service or (2) promoting, marketing or recommending any transaction or matter.

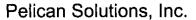
#### **COVER LETTER**

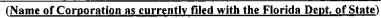
**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: Pelican Solu                                           | utions, Inc.                                                       |                                                                                        |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| DOCUMENT NUMBER: P05000081394                                               | ļ                                                                  |                                                                                        |
| The enclosed Articles of Amendment and fee are sub                          |                                                                    |                                                                                        |
| Please return all correspondence concerning this matt                       | er to the following:                                               |                                                                                        |
| Tracey L. Maier, E                                                          | sq.                                                                |                                                                                        |
|                                                                             | Name of Contact Person                                             | n                                                                                      |
| Williams Coulson                                                            |                                                                    |                                                                                        |
|                                                                             | Firm/ Company                                                      |                                                                                        |
| 420 Ft. Duquesne                                                            | Blvd., 16th Fl                                                     |                                                                                        |
|                                                                             | Address                                                            |                                                                                        |
| Pittsburgh, PA 152                                                          |                                                                    |                                                                                        |
| Tittsburgh, TA 102                                                          |                                                                    | <u> </u>                                                                               |
|                                                                             | City/ State and Zip Cod                                            | e                                                                                      |
| tmaier@williamscouls                                                        | on.com                                                             |                                                                                        |
| E-mail address: (to be use                                                  |                                                                    | notification)                                                                          |
| ·                                                                           | •                                                                  | ,                                                                                      |
| For further information concerning this matter, please                      | call:                                                              |                                                                                        |
| Tracey L. Maier, Esq.                                                       | at (412                                                            | 454-0236                                                                               |
| Name of Contact Person                                                      | Area Co                                                            | de & Daytime Telephone Number                                                          |
|                                                                             |                                                                    |                                                                                        |
| Enclosed is a check for the following amount made pa                        | yable to the Florida Depa                                          | artment of State:                                                                      |
| \$35 Filing Fee \$\square\$ \$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                                                             | Street                                                             | Address                                                                                |
| Amendment Section                                                           | Amendment Section                                                  |                                                                                        |
| Division of Corporations                                                    |                                                                    | on of Corporations                                                                     |
| P.O. Box 6327<br>Tallahassee, FL 32314                                      |                                                                    | Building<br>xecutive Center Circle                                                     |

Tallahassee, FL 32301

# . Articles of Amendment to **Articles of Incorporation**





P05000081394

(Document Number of Corporation (if known)

nent(s) to

| Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | orida Statutes, this Florida Profit | Corporation adopts the   | following amendme                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------------------------|
| A. If amending name, enter the new name of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | he corporation:                     |                          |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          | The new                                    |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Corp," "Inc," or "Co". A profes     | " or "incorporated" o    | or the abbreviation<br>ne must contain the |
| B. Enter new principal office address, if applic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                          |                                            |
| (Principal office address <u>MUST BE A STREET</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ADDRESS )                           |                          |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                            |
| 6 P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                            |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u> </u>                            |                          |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                            |
| D. If amending the registered agent and/or reg<br>new registered agent and/or the new registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | , enter the name of the  |                                            |
| Name of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                                            |
| Traine of the training and the training and the training and the training and and training and and an articular and an articular and an articular and an articula |                                     |                          |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Florida street address)            |                          |                                            |
| New Registered Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | , Florida                |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (City)                              | (Zip C                   | Code)                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                            |
| New Registered Agent's Signature, if changing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Registered Agent:                   |                          |                                            |
| I hereby accept the appointment as registered age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ent. I am familiar with and accep   | the obligations of the p | osition.                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CM D. Samuel A                      | ·                        |                                            |
| Signature (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | of New Registered Agent, if chang   | ng                       |                                            |

# 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 Do      | <u>oe</u>    |                 |
|-------------------------------|--------------|--------------|--------------|-----------------|
| X Remove                      | <u>v</u>     | Mike Jo      | ones .       |                 |
| _X Add                        | <u>sv</u>    | Sally Sr     | <u>nith</u>  |                 |
| Type of Action<br>(Check One) | <u>Title</u> |              | Name         | <u>Addres</u> s |
| 1) Change                     |              |              |              |                 |
| Add                           |              |              |              |                 |
| Remove                        |              |              |              |                 |
| 2) Change                     | <del></del>  | <del>_</del> | <del> </del> |                 |
| Add                           |              |              |              | <del></del>     |
| Remove                        |              |              |              |                 |
| 3) Change                     |              | _            |              |                 |
| Add                           |              |              |              |                 |
| Remove                        |              |              |              |                 |
| 4) Change                     |              |              |              |                 |
| Add                           |              |              |              |                 |
| Remove                        |              |              |              |                 |
| 5) Change                     |              | <del>-</del> |              |                 |
| Add                           |              |              |              |                 |
| Remove                        |              |              |              |                 |
| O Clause                      |              |              |              |                 |
| 6) Change                     |              | _            |              | -               |
| Add                           |              |              |              |                 |
| Remove                        |              |              |              |                 |

| E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)                                                      |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| See Exhibit A, attached hereto                                                                                                                                                    |     |
| Oce Exhibit A, attached hereto                                                                                                                                                    |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
| 18—14—18—18—18—18—18—18—18—18—18—18—18—18—18—                                                                                                                                     |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shar provisions for implementing the amendment if not contained in the amendment itself: | es. |
| (if not applicable, indicate N/A)                                                                                                                                                 |     |
| N/A                                                                                                                                                                               |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |
|                                                                                                                                                                                   |     |

| The date of each amendment(s) a                             | doption:                                                                                                                                         |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date <u>if applicable</u> :                       | (no more than 90 days after amendment file date)                                                                                                 |
| Adoption of Amendment(s)                                    | ( <u>CHECK ONE</u> )                                                                                                                             |
| The amendment(s) was/were adby the shareholders was/were so | opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.                                                 |
|                                                             | proved by the shareholders through voting groups. The following statement 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)                                                                                                                                   |
| action was not required.                                    | opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder |
| Dated Nove                                                  | ember 26, 2012                                                                                                                                   |
| Signature 🗸                                                 | l diehat                                                                                                                                         |
|                                                             | lirector, president or other officer - if directors or officers have not been                                                                    |
|                                                             | d, by an incorporator – if in the hands of a receiver, trustee, or other court                                                                   |
| appoin                                                      | ted fiduciary by that fiduciary)                                                                                                                 |
|                                                             | John Siebart                                                                                                                                     |
|                                                             | (Typed or printed name of person signing)                                                                                                        |
|                                                             | President                                                                                                                                        |
|                                                             | (Title of person signing)                                                                                                                        |

## Exhibit A to the Articles of Amendment of the Pelican Solutions, Inc.

Article IV of the Articles of Incorporation of Pelican Solutions, Inc. is hereby amended as follows:

The corporation is organized on a stock share basis. The aggregate number of shares, classes of shares and par value of shares which the corporation shall have authority to issue shall be as follows:

Number, Class and Par Value of Shares:

- (a) 100 shares of Voting Common Stock, no par value per share, and
- (b) 9,900 shares of Nonvoting Common Stock, no par value per share.

The voting powers of the stockholders shall be vested exclusively in the holders of the Voting Common Stock. For all other purposes, including without limitation, sharing in surplus by way of dividends and distributions in the event of liquidation or dissolution of the corporation, the rights of Voting Common Stock and Nonvoting Common Stock shall be identical.