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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _____ Pelican Construction Services, Inc. _____

DOCUMENT NUMBER: _____ P07000093496 _____

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

Please return all correspondence concerning this matter to the following:

Robert T. Sorel
_____
Name of Contact Person

Pelican Construction Services, Inc.
_____
Firm/ Company

7194 Pensacola Blvd.
_____
Address

Pensacola, FL 32505
_____
City/ State and Zip Code

Sorelmlly1@aol.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert T. Sorel   at (850) 810 - 5038
_____
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   ☐ $43.75 Filing Fee &   ☐ $43.75 Filing Fee &   ☐ $52.50 Filing Fee
     Certificate of Status   Certified Copy   Certificate of Status
     (Additional copy is enclosed)   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

Pelican Construction Services, Inc.

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

P07000093496

(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:

<u>N / A</u> *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: <u>N / A</u>

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) <u>N / A</u>

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: Robert T. Sorel - same

New Registered Office Address: 7194 Pensacola Blvd.
                                (Florida street address)

Pensacola   , Florida 32505
     (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

Page 1 of 3

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) •

Title	Name	Address	Type of Action
VP	Vikram Parshotam	7194 Pensacola Blvd. Pensacola, FL 32505	☐ Add ☑ Remove
S	Oomesh Parshotam	7194 Pensacola Blvd. Pensacola, FL 32505	☐ Add ☑ Remove
VP	Mark Mann	7194 Pensacola Blvd. Pensacola, FL 32505	☑ Add ☐ 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)

_____

_____

_____

_____

_____

_____

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) •

Title	Name	Address	Type of Action
S	Cliff J. Adams	7194 Pensacola Blvd. Pensacola, FL 32505	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ 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)

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____July 28, 2009_____

(date of adoption is required)

Effective date if applicable: _____July 28, 2009_____

(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_____July 28, 2009_____

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)

_____Robert T. Sorel_____

(Typed or printed name of person signing)

_____Treasurer_____

(Title of person signing)