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MAY 11 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Highway S	pecialties, Inc.	
DOCUMENT NUMBER: P0100007068	32	
The enclosed Articles of Amendment and fee are so	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Janet M. Nichols	on	
	Name of Contact Person	n
Highway Special	ties, Inc.	
	Firm/ Company	
2961 S. Pine Bai	rren Rd.	
-	Address	
Mc David, FL 32	2568	
	City/ State and Zip Cod	e
jan@highwayspecia	Itiesinc.com	
, , , , .	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
Janet M. Nicholson	at (850	, 256-3397
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\text{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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division Clifton	Address Iment Section on of Corporations Building Executive Center Circle
	Tallahs	assee FL 32301

Articles of Amendment to **Articles of Incorporation**

FILE
SECKLANIYOR 1:55
SECK PM 1:55 ALLAHASSEE FLORIOF

Highway Specialties, Inc.

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

P01000070682

dment(s) to

(Documer	nt Number of Corporation (if known)	$m_{\mathcal{A}}$
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Co	rporation adopts the following amendment
A. If amending name, enter the new na	me of the corporation:	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation," "company," ation "Corp," "Inc," or "Co". A profession," or the abbreviation "P.A."	The new or "incorporated" or the abbreviation nal corporation name must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appli		
(Mailing address MAY BE A POST)		
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office address in Florida, e w registered office address:	<u>iter the name of the</u>
Name of New Registered Agent	Janet M. Nicholson	
	2961 S. Pine Barren Rd.	 -
	(Florida street address)	
New Registered Office Address:	Mc David	, Florida 32568
	(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	
I hereby accept the appointment as regist	lered agent. I am familiar with and accept th	e obligations of the position.
Jane-	tm//wholson	
∑ si,	gnature 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)

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	DP	Charles L. Nicholson	2961 S. Pine Barren Rd. Mc David, FL 32568
X Remove 2) Change X Add	DP	Janet M. Nicholson	2961 S. Pine Barren Rd. Mc David, FL 32568
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)			
				
***************************************		·- ··		
				<u> </u>
If an amendment provides for an exchaprovisions for implementing the amer	ange, reclassifica	tion, or cancellat tained in the amo	ion of issued shar endment itself:	es.
(if not applicable, indicate N/A)				
	.			
	 			
		<u> </u>	<u> </u>	

The date of each amendment(s)	adoption: 2/15/2012
Effective date <u>if applicable</u> : 2	/15/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
action was not required. The amendment(s) was/were actions are actions as a second required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
action was not required.	
_{Dated} 5/3/12	2
Signature	and M. Nicholson
	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court
	inted fiduciary by that fiduciary)
	Janet M. Nicholson
	(Typed or printed name of person signing)
	President
	(Title of percon signing)