## P06000/50803

(Rec	questor's Name)	
(Ado	dress)	,
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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13 SEP 13 FH I2: 22

SEP 2 0 2013 T. CARTER 23586 Calabasas Rd. Suite 102 Calabasas, CA 91302 Toll-Free, 888-692-6778 | Fax: 818-879-8005 Email: customerservice@mycorporation.com

September 10, 2013

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

Re: ARTICLES OF AMENDMENT: Highway Systems Incorporated

Ladies and Gentlemen:

Please find enclosed for filing duplicate executed originals of the Articles of Amendment for the above-referenced entity.

Also enclosed is a check in the amount of \$35.00 as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings My Corporation Business Services, Inc. 23586 Calabasas Road, Suite 102 Calabasas, California 91302

PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO THE POST FORMATIONS DEPARTMENT AT 888-692-6771.

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION: HIGHWAY	SYSTEMS INCORPORA	TED
DOCUMENT NU	MBER: <u>P06000150803</u>		<u>-</u>
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		st Formation Filings ame of Contact Person	
	N	ame of Contact Person	
	My Corpora	tion Business Services, Inc.	
		Firm/ Company	
	23586 C	alabasas Rd., Suite 102	
		Address	
		labasas, CA 91302	
1	Ci	ity/ State and Zip Code	
	processing( E-mail address: (to be used	@mycorporation.com d for future annual report notification)	<del></del>
For further inform	ation concerning this matter,	please call:	
	t Formation Filings	ut \	92-6772
Name	of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a chec	k for the following amount m	nade payable to the Florida Depar	tment of State:
☑ \$35 Filing Fee	\$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)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le

## ·Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE TALLAPASSES, FLORIDA

13 SEP 13 PH 12: 22

	EMS INCORPORA	<del></del>	
(Name of Corporation as curre		a Dept. of State)	
· · · · · · · · · · · · · · · · · · ·	000150803		
(Document Num	nber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation adopt	ts the following
A. If amending name, enter the new name of	f the corporation:		
			The new
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc fessional association," or	c," or "Co". A professional con	
B. Enter new principal office address, if apple (Principal office address MUST BE A STREE			
	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
D. If amending the registered agent and/or renew registered agent and/or the new regis		1 Florida, enter the name of the	<u> </u>
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	ddress)	
-		, Florida	<del></del>
	(City)	(Zip Code)	
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	gent. I am familiar with a		rositlon.
12.	anature of New Registered	LAgent 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
<u>D</u>	BRUCE D LEE	10006 CROSS CREEK BLVD # 520 TAMPA, FL 33647	☐ Add ☐ Remove
			Add Remove
			Add Remove
(attach ada	ng or adding additional Articles, er litional sheets, if necessary). (Be sp	pecific)	
<u>provision</u>	endment provides for an exchange, s for implementing the amendment applicable, indicate N/A)	reclassification, or cancellation of iss if not contained in the amendment i	ued shares, tself:
			<del></del>

The date of each amendmen	t(s) adoption: <u>09/07/2013</u>
	(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)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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	,13
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	9-7-2013
sele	y a director, president or other officer - if directors or officers have not been exted by an incorporator - if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Jason Bell
	(Typed or printed name of person signing)
	President
	(Title of person signing)