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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HIGHWIR	ESHOW CORP.
DOCUMENT NUMBER: P12000029508	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Thomas Kobe	
·	of Contact Person
Kobe Consulting	
 	irm/ Company
P.O. Box 528	
P.O. BOX 526	Address
	Addicas
Estero, FL-33929	
City/ S	State and Zip Code
filing@dos-corp.net	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter.	please call:
Thomas Kobe	at (239) 258-2071
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount r	nade payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Statu 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

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SECRETARY OF STATE
SECRETARY OF STATE

HIGHWIRESHOW CORP.

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

P12000029508

(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:

Α.	If amen	ding n	ame, ei	nter th	e new	name o	fthe	corporation:
	II amili		44 LIII C. C.		C 11C 77	Hame o		COLDOLACION

The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "	Inc.," or Co.," or the designation	"Corp," "Inc," or
"Co". A professional corporation name association," or the abbreviation "P.A."	musi coniain ine word charter	eu, projessionai
B. Enter new principal office address, if applic		
(Principal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u>)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROX)	
(mailing dual to be before the control of the contr		
		
D. If amending the registered agent and/or reg		nter the name of the
new registered agent and/or the new registe	ered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
_	(0)	, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing		and the abliqueion of the
I hereby accept the appointment as registered a position.	agent. I am familiar with and acc	ept the obligations of the
Sig	nature of New Registered Agent, if ch	nanging

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

1) D Thomas Kobe 9848 Pennsylvania Ave Borta Springs, FL-34-135 USA 2)	Title(s)	<u>Name</u>		Address	
USA	1)D	Thomas Kobe	9848 P	ennsylvania Ave	
2)	, 				
3)			USA		
3)	2)				
4)					
4)	3)				······································
Solution Solution	<u> </u>				
Solution Solution					
S)	4)				
If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed: Title(s) Name Title(s) Name 1) 4) 2) 5)					
6)	5)				
If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed: Title(s) Name Title(s) Name 1) 4) 2) 5)					
If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed: Title(s) Name Title(s) Name 1) 4) 2) 5)					······································
If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed: Title(s) Name Title(s) Name 1) 4) 2) 5)	6)			···-	
removed: Title(s) Name Title(s) Name 1) 4) 2) 5)					
removed: Title(s) Name Title(s) Name 1) 4) 2) 5)					
1)	<u>lf REMOVING</u> removed:	an officer and/or director,	please list the title(s) a	nd name of the officer	<u>/director_to_be</u>
2)	Title(s)	<u>Name</u>	Title(s)	<u>Name</u>	
	1)		_ 4)		
	2)				
	3)				

attach additional sheets, if necessary).	(Be specific)
t .	
	change, reclassification, or cancellation of issued share
	change, reclassification, or cancellation of issued share endment if not contained in the amendment itself:
provisions for implementing the ame	
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	
provisions for implementing the ame	endment if not contained in the amendment itself:
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The date of each amendment(s) a	dontion: $4-24-12$
	(date of adoption - required)
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 su	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 f	for the amendment(s) was/were sufficient for approval
by	
(voti	ing group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 04/24/2	2012
Signature(By a dir	ector, 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 d fiduciary by that fiduciary)
Th	nomas Kobe
	(Typed or printed name of person signing)
In	corporator
	(Title of person signing)