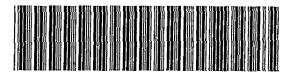
## P0400077940

| (Red                      | uestor's Name)   |           |
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| (Add                      | (ress)           |           |
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| (Add                      | lress)           |           |
|                           |                  |           |
| (City                     | /State/Zip/Phone | : #)      |
| PICK-UP                   | ☐ WAIT           | MAIL      |
|                           |                  |           |
| (Bus                      | iness Entity Nam | ne)       |
|                           |                  |           |
| (Doc                      | ument Number)    |           |
|                           |                  |           |
| Certified Copies          | Certificates     | of Status |
|                           |                  |           |
| Special Instructions to F | iling Officer:   |           |
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Office Use Only



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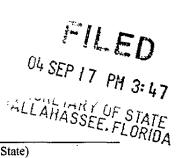
(5 5/24/04) Amen)

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF                   | CORPORATION: Super Rentals, I  | nc.  |   |  |  |
|---------------------------|--|--|---|--|--|
| DOCUMEN                   | NT NUMBER: P04000077940  |  |   |  |  |
| The enclose               | d Articles of Amendment and fee ar   | e submitted for filing.  |   |  |  |
| Please return             | n all correspondence concerning this   | s matter to the following:   |   |  |  |
|                           | Eduardo L. Dominguez, Sr.  |  |   |  |  |
| • • •                     | (Name o  | f Contact Person)  |   |  |  |
|                           | Super Rentals, Inc.  |  |   |  |  |
|                           | (Fin   | m/ Company)  |   |  |  |
|                           | 13500 N. Kendall Drive, suite 265  |  |   |  |  |
|                           |  | (Address)  |   |  |  |
|                           | Miami, FL 33186  |  |   |  |  |
|                           | (City/ Sta   | ate/ and Zip Code)   |   |  |  |
| For further i             | information concerning this matter,  | please call:   |   |  |  |
| Eduardo L. Dominguez, Sr. |  | at ( 305 ) 408-1515  |   |  |  |
|                           | (Name of Contact Person)   | (Area Code & Daytime T   | elephone Number)  |  |  |
| Enclosed is               | a check for the following amount:  |  |   |  |  |
| ☑ \$35 Filing l           | 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) |  |  |
|                           | Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corpora 409 E. Gaines Stree Tallahassee, FL 323 | tions<br>t  |  |  |

## Articles of Amendment to Articles of Incorporation of



Super Rentals Inc.

P04000077940

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

(Document number of corporation (if known)

| <u>NEW CORPO</u>                        | RATE NAME (if changing):   |
|---|--|
|   |  |
|   | word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") poration must contain the word "chartered", "professional association," or the abbreviation "P.A." |
|   | <u>FS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate Article Number(stitle(s) being amended, added or deleted: ( <u>BE SPECIFIC</u> )   |
| Article II: Addre                       | s is changed to; 13500 N. Kendall Drive, Suite 265, Miami, FL 33186  |
| Article V: The re                       | pistered agent is changed to: Eduardo L. Dominguez, Sr. 13500 N. Kendall Drive, Suite  |
| 265, N                                  | iami, FL 33186 - Signature Accepting Agent Status:   |
| Article VII: The F                      | resident of the corporation shall be Eduardo L. Dominguez, Sr.   |
| , a a a a a a a a a a a a a a a a a a a | golden, or and oxypotation, orial so Educated L. Dominguez, or   |
|   |  |
|   |  |
|   |  |
| ·                                       |  |
|   | ——————————————————————————————————————   |
| 3 W # ***                               |  |
|   |  |
|   | (Attach additional pages if necessary)   |
|   |  |
|   | It provides for exchange, reclassification, or cancellation of issued shares, provising the amendment if not contained in the amendment itself: (if not applicable, indicate                       |
|   | - 17-T   |
|   |  |

(continued)

| The date o  | f each amendment      | s) adoption: 14 Septem   | ber 2004                   | π²                   | ,, · · •   |
|-------------|-----------------------|--|----------------------------|----------------------|--|
| Effective d | late if applicable: 1 | 4 September 2004   | 9                          | والإن إمامه والمارات | . 1 kg 14  |
| •           |                       | 4 September 2004<br>(no more than 90 days after                      | amendment file date)       | •                    |  |
| Adoption    | of Amendment(s)       | (CHECK ONE)  |                            |                      |  |
|             |                       | vas/were approved by the shareholders was/v                          |                            |                      | ast for  |
|             |                       | vas/were approved by the must be separately proving the mendment(s): |                            |                      |  |
|             | "The number of        | votes cast for the amend   | lment(s) was/were su       | ifficient for approv | al by  |
|             | •                     | (V   | oting group)               | ·                    |  |
|             | and shareholder acti  | . vas/were adopted by the  |                            |                      |  |
| Signed this | day of Signature      | rector president or other of   | 2004                       |                      | in the second of |
| ,           | selecte<br>appoin     | d by an incorporator - if in t<br>ted fiduciary by that fiduciar     | he hands of a receiver, to |                      |  |
| ٠, .        | Eduar<br>#/           | do L. Dominguez, Sr. (Typed or printed)                              | name of person signing)    | <u> </u>             | an. – १०४० मी गा   |
|             | Presid                | ent  |                            |                      | · · · · · · · · · · · · · · · · · · ·  |
| f           | , j 🚣 🖂 🔛 🙃 🙃         | (Title of  | person signing)            | ·                    | _ ,  |

FILING FEE: \$35