550783

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CENTRAL FLORE	DA EQUIPMENT RENTA	ALS, INC
DOCUMENT NUME			
	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	GRETTER ALFONSO		
		Name of Contact Person	
	CENTRAL FLORIDA EQUI	PMENT RENTALS, INC	
		Firm/ Company	
	9030 NW 97TH TERR		
		Address	
	MEDLEY, FL 33178		
		City/ State and Zip Code	:
	GRETTERV@CENTRALCI	VIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas		888-3344
		at (de & Daytime Telephone Number
	of Contact Person r the following amount made		
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, F1, 32303

Articles of Amendment to Articles of Incorporation of

CENTRAL FLORIDA EQUIPMENT RENTALS, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
550783	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:	i to
A. If amending name, enter the new name of the corporation:	
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:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
2021	
The state of the s	
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:	
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	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	
(City) (Zip Code)	
and the second second second bounds	
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.	
O' Designed to the if about in	
Signature of New Registered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	

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: \underline{X} Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
\underline{X} Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PC	ROBERT BAER	
X Add			
Remove			
2) Change	<u>C</u>	JAMES T. BAER	
Add			
$\frac{X}{X}$ Remove Change	Т	KENNETH BAER	9030 NW 97TH TERR.
Add			MEDLEY, FL 33178
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Auach <i>additional sheets, if necessary).</i>	(Be specific)	
		<u> </u>
		<u> </u>
		
	<u> </u>	
		
f an amendment provides for an exc	nange, reclassification, or cancellation of issu	ued shares,
provisions for implementing the ame	ndment if not contained in the amendment	itself:
(if not applicable, indicate N/A)		
		

08/01/20 Effection dete if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and share action was not required.	holder
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	
by" (voting group)	
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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President Mist & Sevelopment	