

# F120000001928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2023

CSC

**RESUBMIT**  
Please give original  
submission date as file date

SUBJECT: UNITED RENTALS (NORTH AMERICA), INC.  
Ref. Number: F12000001928

We have received your document for UNITED RENTALS (NORTH AMERICA), INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

What Type of Action on Director Sybil?

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 623A00025973

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 11/07/23  
Order #: 1306241-3  
Re: United Rentals (North America), Inc.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$35.0 - FL State Account Number:  
120000000195

Authorization:

A handwritten signature in black ink, appearing to read "Alexxis Weiland-Sorenson", written in a cursive style.

Please take the following action:  
File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F12000001928

(Document number of corporation (if known))

United Rentals (North America), Inc.

1. \_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. Delaware 3. 05/07/2012  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. 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 \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**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.*

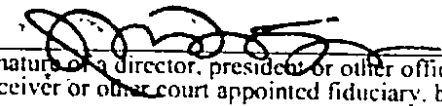
\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	Irene Moshouris	100 FIRST STAMFORD PLACE, SUITE 700 STAMFORD, CT 06902	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Treasurer & VP	Irene Moshouris	100 FIRST STAMFORD PLACE, SUITE 700 STAMFORD, CT 06902	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Treasurer & VP	Sybil F. Collins	100 FIRST STAMFORD PLACE, SUITE 700 STAMFORD, CT 06902	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Director	Sybil F. Collins	100 FIRST STAMFORD PLACE, SUITE 700 STAMFORD, CT 06902	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove

Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
(Signature of a director, president or other officer - if in the hands of  
a receiver or other court appointed fiduciary, by that fiduciary)  
SVP, Secretary

Joli L. Gross

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

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