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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500

Fax Number : (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DOCUMENTS CINCORP COM

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WENT CARRENCES

REGISTERED AGENT CHANGE AHERN RENTALS, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

MAR 2 4 2016

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COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT:	Ahern Rentals, Inc.			
	Name of Corporation			
DOCUMENT NUM	1BER: F13000004210			
The enclosed Statem	ent of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all con	respondence concerning this matter to the following:			
	Jackle DeFilippis Name of Contact Person			
-	InCorp Services, Inc.			
	Firm/Company			
	3773 Howard Hughes Pkwy · Suite 500s Address			
-	Las Vegas, NV 89169-6014 City/State and Zip Code			
-1	documents@incorp.com 2-mail address: (to be used for future annual report notification)			

For further information concerning this matter, please call:

Jackie DeFilippis on behalf of Incorp Services, Inc. at (702) 866-2500
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

CR2E045 (03/12)

H160000734413

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is su	bmitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, th anized under the laws of the State of Nevada Istered agent, or both, in the State of Florida.	his	
1. The name of the corpo	ration: Ahern Rentals, Inc	.		
2. The principal office ac	ldress: 1401 Mineral Aven	iue, Las Vegas, NV 89106		
3. The mailing address (i	f different):			
4. Date of incorporation/	qualification: 09/27/2013	Document number: F13000004210)	
5. The name and street a		d agent and registered office on file with the		
CTC	ORPORATION SYSTEM	1		
1200	South Pine Island Road		ਲ	DIV:
Planta	tion, FL 33324		MAR 2	TORE T
6. The name and street a (if changed):	ddress of the new registered a	gent (if changed) and /or registered office	?3 ₽#	04483 . 45 AB AB
InCorp	Services, Inc.		တ္ ယ	(R. H.
17888	67th Court North		8	强
Loxah	P.O. Box N atchee, FL 33470	OT acceptable		
The street address of its as changed will be ident	registered office and the stre	et address of the business office of its registere	ed agent,	
Such change was author authorized by the board,	ized by resolution duly adopt or the corporation has been a	red by its board of directors or by an officer so notified in writing of the change.		
Kontle	m-	Don F. Ahern, President		
i further ouree to compl	pintment as registered agent a y with the provisions of all sta s, and I am familiar with and ent is being filed merely to re corporation has been notified	Printed or typed name and title and agree to act in this capacity, atutes relative to the proper and complete I accept the obligation of my position as registe effect a change in the registered office address, it in writing of this change. March 15, 2016 Date	ered , I	
f signing on behalf of a	n entity:			
Jackie DeFilippis	on behalf of Incorp Serv	rices, Inc.		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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