

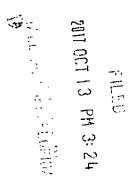
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OCT 1 6 2017

COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

NAME OF CORPORA	ATION: <u>FE</u>	5 Renta	ls, Inc.	
DOCUMENT NUMBE	CR: <u>K764</u>	52	<u> </u>	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
- -	FES 11031 1 Pembr	Name of Contact Person Rental Firm/ Company VW 16 St. Address O Ke Pine City/ State and Zip Code	S, FL 33026	
L Fessenden (a ao /. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call: Leigh Fessenden at 954, 448-3069				
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing 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)	
<u>Mailir</u>	ng Address	Street	Address	

Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

		to		ED ma
	Articles of	Incorporation of		FILEO
-	FES. K	Pentals,	Inc. 201	1 OCT 13 PM 3: 24
(Name of	Corporation as curre	ntly filed with the Flor	rida Dept. of State)	
<u></u>	(764.52	<u>.</u>	্য <i>;</i>	William Contain
	(Document Number	r of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, tl	nis <i>Florida Profit Corp</i> o	oration adopts the fo	llowing amendment(s) to
A. If amending name, enter the new nam	e of the corporation:			
n//A				The new
name must be dishinguishable and contain "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp," "Inc," o	r "Co". A professiona		the abbreviation
B. Enter new principal office address, if (Principal office address MUST BE A STR		11031 Pembrok	NW 16 Le Pines	: <u>57.</u> <u>,FL 3</u> 3026
C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of		<u>(same</u>	as abo	ve)
C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of Discourse) D. If amending the registered agent and/new registered agent and/or the new in	FFICE BOX) or registered office a		as abo	ve)
(Mailing address MAY BE A POST OF	FFICE BOX) or registered office a	E Forte	as about the name of the	ve)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	RA	Vicki Warner stered Fessenden gent)	2700 Tarpon Dive Miramar FL 33023
Add Ch	egis	stered tessenden	Miramar FL 33023
		Jent)	
2) Change	RA	TR Dianne Forte tered jent) (Trustee)	11031 NW 165. Pembroke Pines,
$\frac{X}{A}$ Add $\frac{X}{A}$	eg 157	tered (Taucton)	
Remove	Ag	jent) (Trastee)	FL 33026
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			 -
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If ame</u> (Attacl	nding or adding additional Articles, enter change(s) here: additional, sheets, if necessary). (Be specific)
(**************************************	A/A
	N/A.
_	
···	
_	
-	
If an a	mendment provides for an exchange, reclassification, or cancellation of issued shares,
DFOV	sions for implementing the amendment if not contained in the amendment itself; if not applicable, indicate N/A)
(
	N/A

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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):	r
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/10/2017	
Signature	
(By a director, provident 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)	
(Typedor printed name of person signing)	
President	
(Title of person signing)	-