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SSEE, FLORID.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PASCE	RENTALS,	INC.
DOCUMENT NUMBER: P0400	0 148261	
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Wicciam Old (Name of C	Contact Person)	
PAS Co Pen	Fals Inc	
P.O. Box 2	56/657 (dress)	aparaga at Mariana and a M
OPCANPO, A	#1. 338576 and Zip Code)	***************************************
For further information concerning this matter, ple	ease call:	
(Name of Contact Person)	at (407) 928 (Area Code & Daytime	8 – 600 a Telephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$ Certificate of Status	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 Corporator 409 E. Gaines Stree Tallahassee, FL 32	rations eet

Articles of Amendment to Articles of Incorporation of

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			(Attach	additional	pages if ne	cessary)	·			
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The date	of each amendmei	ıt(s) adoption:	MARCH	15 13	2005	
Effective	of each amendmei date if <u>applicable</u> :	Mnrc	H 15-13	2009		
		(no more than 90 da	ays after amendn	nent file d	late)	
Adoption	of Amendment(s)	(CHECK	ONE)			
ľ	The amendment(s) the amendment(s)) was/were approve by the shareholder				
	The amendment(s following statement separately on the	nt must be separate				
	"The number of	of votes cast for the			ere sufficien	t for approval by
			(voting gro	oup)		
	The amendment(s) and shareholder ac) was/were adopted ction was not requir		of direc	tors without	shareholder action
	The amendment(s) shareholder action	_	by the incorp	orators	without share	eholder action and
Signed this	s <u>/5^{/3}</u> day of Signature	MARCH	, <u>2005</u>	<u>-</u>		
	Signature	Will		Resi	det	
	sele	director, president or cted, by an incorporate binted fiduciary by that	r 11 in the hand			
		Willia	m Oley printed name of	AR		
		(Typed or	printed name of	person si	gning)	
		PREST	FOUNT			
			(Title of person	signing)		

FILING FEE: \$35