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S. YOUNG

TECRETARY OF STATE

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: <u>Cooper!</u>	5 Conmercial	Rental; Inc
DOCUMENT NUMB	BER: <u>19800005</u>	417	·
	of Amendment and fee are sul		
Please return all corres	pondence concerning this mat	ter to the following:	
		Name of Contact Person Sommers in	L Rental, Inc.
	288	O Howendale Address	Blvd.
		City/ State and Zip Code	
	E-mail address: (to be us	od for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
Lori	Holley of Contact Verson	at (<u>863</u> Area Co) 967-3933 de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Maj	ling Address	Street	Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles	of Incor	poration
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Artic	of
Cooper's Com	mercial Rental The
(Name of Corporation as	currently filed with the Florida Dept. of State)
P9802205417	
(Document)	Number of Corporation (if known)
(Document :	tumoet of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statitis Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpor	ation:
	The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "li word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>'S</u>)
	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent	
Name of New Registered Agent	
(4	Florida street address)
New Registered Office Address:	, Florida
—·— •	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
C/	of New Registered Agent if changing
Signifility	O NEW REGISTERA AVENT. O CHANGING

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	PT John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		Shull, Tudith N	P. O. Box 2469 Winter Haven, FC 33883-240
Add Remove			
2) ChangeX Add	5	Lori H. Hulley	2880 Haverdale Blud Winter Haven, FL 33881
Remove 3) Change Add			
Remove 5) Change Add Remove			
6) Change Add Remove			

Attach addition	adding additional Art al sheets, if necessary).	(Be specific)	gajoj mete.			
						
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provisions for	nt provides for an exc implementing the am	hange, reclassi endment if not	fication, or can contained in th	<u>cellation of issue</u> <u>e amendment its</u>	<u>d shares,</u> elf:	
(if not app	licable, indicate N/A)					
						
						·
					_	<u> </u>
						
				. <u> </u>		
						

The date of each amendment(s) adoption: date this document was signed.	, if other than t
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block do document's effective date on the Departmen	s not meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
Adoption of Amendment(s)	CHECK ONE)
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) or approval.
☐ The amendment(s) was/were approved be must be separately provided for each vo.	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
	mendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder
Dated 8-77-	18 compore
Signature Ra	en out of
(By a director,	oresident or other officer – if directors or officers have not been
	incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)
	Robert Cooper (Typed or printed name of person signing)
	(Typed or printed name of person signing)
<u> 714</u>	(Title of person signing)
	(Title of person signing)

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