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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/19/2024 2:44 PM Fee Receipt: \$40.00

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

Amended Certificate of Authority (Foreign Business Entity) FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

| 1. The business | entity is: | x profit co | profit corporation nonprofit corporation. | | nonprofit corporation. | | | | |
|--|--|-------------|---|-------|------------------------|--|--|--|--|
| | | professi | onal service corporation | | business trust | | | | |
| | | limited I | ability company | | limited partnership | | | | |
| | | professi | onal limited liability company | | statutory trust | | | | |
| | | limited of | cooperative association | | non-profit LLC | | | | |
| | | other | | | | | | | |
| 2. The name of | the company | is: FIRST V | FIRST VEHICLE SERVICES, INC. | | | | | | |
| | . , | (The na | (The name must be identical to the name on record with the Secretary of State.) | | | | | | |
| 3. It is an entity organized and existing under the laws of the state or country of Delaware. | | | | | | | | | |
| The entity received authority to transact business in Kentucky on <u>09/27/2011</u>. | | | | | | | | | |
| 5. The entity has changed its (check all that apply) | | | | | | | | | |
| Х | X Domicile name to TRANSDEV FLEET SERVICES, INC. | | | | | | | | |
| | Name to be used in Kentucky to | | | | | | | | |
| | Jurisdiction of organization to | | | | | | | | |
| | Period of duration | | | | | | | | |
| <u>í</u> | Form of organization | | | | | | | | |
| Ĩ | Management | t type: | Member managed | Manag | er managed | | | | |
| 6. This application will be effective upon filing. | | | | | | | | | |

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

| AC. | Randall Lewis | Secretary | 03/20/2024 |
|--|---------------|-----------|------------|
| Signature of Authorized Representative | Printed Name | Title | Date |