

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed:

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Division of Business Filings Amended Certificate of Authority P.O. Box 718 FCA Frankfort, KY 40602 (Foreign Business Entity) (502) 564-3490 www.sos.ky.gov 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 corporation nonprofit corporation. professional service corporation business trust limited liability company limited partnership professional limited liability company statutory trust limited cooperative association non-profit LLC other 2. The name of the company is: ONE SOURCE EQUIPMENT RENTALS, INC. (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 IN 4. The entity received authority to transact business in Kentucky on 11/10/2016 5. The entity has changed its (check all that apply) Domicile name to H&E Equipment Services (MIDWEST), Inc. X Name to be used in Kentucky tc_____ () Jurisdiction of organization to Period of duration Form of organization Member managed Manager managed Management type: 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.

CFO & SECRETARY

Title

LESLIE S. MAGEE

Printed Name

Signature of Authorized Representative