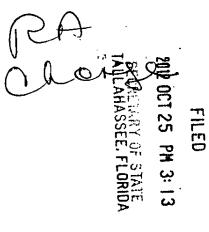
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DEPARTMENT OF STATE

10/25/12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 391727 7274728

AUTHORIZATION :

COST LIMIT

ORDER DATE: October 24, 2012

ORDER TIME : 10:54 AM

ORDER NO. : 391727-006

CUSTOMER NO: 7274728

CHANGE OF AGENT

NAME:

CNH CAPITAL INSURANCE AGENCY

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Ftorida Statutes, this nge is submitted for a corporation organized under the laws of the State of Delaware r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: CNH CAPITAL INSURANCE AGENCY INC.
2. The principal	office address: 700 State Street, Racine WI 53404
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 08/28/2009 Document number: F0900003441
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	C T Corporation System
	1200 South Pine Island Road
	Plantation FL 33324 Street address of the new registered agent (if changed) and /or registered office.
Plantation FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
	Corporation Service Company
	1201 Hays Street
	P.O. Box NOT acceptable Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
<u>Newe</u>	Janie V. Clark Asst Secretary Printed or typed name and title
I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete The duties, and I am familiar with and accept the obligation of my position as registered To document is being filed merely to reflect a change in the registered office address, I That the corporation has been notified in writing of this change. The Service Company
By: Sign	natury Pricegistered Agent Date
	half of an entity:
Sylvia Quep	pet, Asst. Vice President
T	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *