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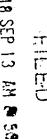
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195

REFERENCE : 384483 8174612

AUTHORIZATION

COST LIMIT : (\$\35.00

ORDER DATE: September 12, 2018

ORDER TIME : 3:05 PM

ORDER NO. : 384483-020

CUSTOMER NO: 8174612

FOREIGN FILINGS

NAME: CNH INDUSTRIAL INSURANCE

AGENCY, INC.

<u>XX</u> (CORPORAT	ſΈ					
I	LIMITED	PART	CNERSHIP				
I	LIMITED	LIA	BILITY COM	PAN	ď		
AA XXXX	4ENDMEN]	ľ					
PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:
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CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 must be completed)		86 S 20 S		
F0900003441		SP I		
	er of corporation (if known)	PIO P		
1 CNH Industrial Insurance Agency, Inc.		78		
1.	s on the records of the Department of State)	<u> </u>		
Delaware	3, 08/28/2009			
(Incorporated under laws of)	3. O8/28/2009 (Date authorized to do busin	iess in Florida)		
	CTION II THE APPLICABLE CHANGES)			
4. If the amendment changes the name of the corporati its jurisdiction of incorporation? 08/30/2018	on, when was the change effected und	er the laws of		
5 Specialty Equipment Insurance Services, Inc.		.,		
(Name of corporation after the amendment, adding appropriate abbreviation, if not contained in new n	suffix "corporation," "company," or "i name of the corporation)	incorporated," or		
(If new name is unavailable in Florida, enter alternat business in Florida)	e corporate name adopted for the purp	ose of transacting		
6. If the amendment changes the period of duration, in	dicate new period of duration.			
(Ne	ew duration)			
7. If the amendment changes the jurisdiction of incorp	oration, indicate new jurisdiction.			
8. Attached is a certificate or document/of similar imp 90 days prior to delivery of the application to the De having custody of corporate records in the jurisdiction of a director, processing the process of a director, process of a director of a	epartment of State, by the Secretary of on under the laws of which it is incorp	nticated not more than State or other official orated.		
of a receiver or other court Nathan Greer	t appointed fiduciary, by that fiduciary) Secretary			
(Typed or printed name of person signing)	(Title of person signi	ing)		

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CNH INDUSTRIAL

INSURANCE AGENCY, INC.", FILED A CERTIFICATE OF AMENDMENT,

CHANGING ITS NAME TO "SPECIALTY EQUIPMENT INSURANCE SERVICES,

INC." ON THE THIRTIETH DAY OF AUGUST, A.D. 2018, AT 6:14 O'CLOCK

P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.



Authentication: 203413443

Date: 09-13-18

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