M18000000295

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : COGENCY GLOBAL, INC.
Account Number : 120000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CNH FINANCE GP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

SIMMONS

JUN 01 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CNH Finance GP, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter Dahill
Name of Person

CNH Finance GP, LLC
Firm/Company

330 Railroad Avenue
Address

Greenwich, CT 06830
City/State and Zip Code

PDahill@CNHFinance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Dahill at (203) 742-3051
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: CNH Finance GP, LLC

Enter new principal office address, if applicable: 330 Railroad Avenue
Greenwich, CT 06830

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 330 Railroad Avenue
Greenwich, CT 06830

(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000000295

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 10, 2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, Florida _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Timothy Peters

Typed or printed name of signee

Filing Fee: $25.00