

12/29/21, 10:19 AM

m/800000295

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000471057 3)))



H210004710573ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

2021 DEC 29 AM 10:41

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 DEC 29 PM 1:03

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

1/1

**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: 24 East Ave #1285

(Principal office address
MUST BE A STREET ADDRESS) New Canaan, CT 06840

Enter new mailing address, if applicable: 24 East Ave #1285

(Mailing address
MAY BE A POST OFFICE BOX) New Canaan, CT 06840

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: 01/10/2018

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

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," 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," "LLC," 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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation, Florida 33324

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.

Alfred Younan

Assistant Secretary

Changing Registered Agent, Signature of New Registered Agent

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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

Joe Davis, Manager

Typed or printed name of signee

Filing Fee: \$25.00

4

FILED
2021 DEC 29 PM 1:03
CLERK OF STATE
TALLAHASSEE, FLORIDA