## THOWN STORE

(Re	equestor's Name)		
(Ad	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phon	ne #)	
PICK-UP	WAIT	MAIL	
(Bu	usiness Entity Na	me)	
. (5)	ocument Number	<u> </u>	
(Do	ocument Number	)	
Certified Copies	Certificate	es of Status	
Special Instructions to Filing Officer:			
·			

Office Use Only



500240662715

12 NOV -9 PM 1: 57

ALLANDA -9 PH 2-21

8/11/9/12



UN SERVICE CUMPANT						
	ACCOUNT NO.	:	120000000	195		
	REFERENCE	:	414037	7902973		
	AUTHORIZATION	:	Surre	Boleman		
	COST LIMIT	:	\$ 35.00			
ORDER DATE :	November 9, 2012					
ORDER TIME :	10:08 AM					
ORDER NO. :	414037-057					
CUSTOMER NO:	7902973					
CHANGE OF AGENT						
NAME: VOLKSWAGEN GROUP LATIN AMERICA, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY  XX PLAIN STAMPED COPY						
CONTACT PERSON	N: Carina L. Dun	lap	EXT# 9			

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

statement of cha	nge is submitted for a corporation	n organized under the laws of the State of FL	
		registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: VOLKSWAGE	N GROUP LATIN AMERICA, INC.	
2. The principal	office address: 3 Copley Place	e, Suite 3701, Boston, MA 02116	
<u> </u>			
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 10/11/19	99 Document number: P990000089648	
	I street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	CT Corporation System		•
	1200 South Pine Island Ro		
	Plantation FL 33324	ECRE LAH	we
6. The name and (if changed):		red agent (if changed) and /or registered offices of the state of the	Ī
	Corporation Service Comp	any Si N	C
	1201 Hays Street		
		Box NOT acceptable	
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registered agent	,
		ndopted by its board of directors or by an officer so been notified in writing of the change.	
Mau	ren Cathely	Maureen Cathell, Vice President	
Signati	ire of an officer or director	Printed or typed name and title	
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of a my duties, and I am familiar with	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered o to reflect a change in the registered office address, I otified in writing of this change.	
By: Dorat	,	11/6/2012	
	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Grace E. Kir	<u> </u>	_	
<u></u>	yped or Printed Name		

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