REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	ID Number: <u>257894</u>
STATEMENT OF CHANGE OF ADDRESS OF THE RESIDENT AGENT	
Pursuant to the provisions of Section 7-16-11(c)(1) of the Ge or the person signing on behalf of the resident agent, subnagent's address within this state:	neral Laws, 1956, as amended, the undersigned resident agent, nits the following statement for the purpose of changing the
1. The name of the limited liability company is:	
MASSMUTUAL ASSET FINANCE LLC	
The address of the resident agent as PRESENTLY shown is: 155 South Main Street, Suite 301, Providen	in the records on file with the Rhode Island Secretary of State ce, Rhode Island 02903
3. The NEW address of the resident agent is:	
10 Weybosset Street, Providence, Rhode Is	land 02903
4. The change of address of the resident agent shall become e	ffective upon the filing of this statement, or on
(a date not prior to, nor more than 30	days after, the filing of this Statement)
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: 5/1/2011	Kenneth J. Uva, Vice President
	Print Name of Resident Agent
	Kenneth J. Uva Signature
	Signature

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Sec. 9



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

