## REGISTERED LIMITED LIABILITY COMPANY

lo Filing Fee	,	ID Number104182
		ENT OF CHANGE OF ADDRESS THE RESIDENT AGENT
r the person	e provisions of Section 7-16-11(c) signing on behalf of the residents within this state:	(1) of the General Laws, 1956, as amended, the undersigned resident agent, at agent, submits the following statement for the purpose of changing the
. The name o	of the limited liability company is	
	Volvo Con	nmercial Finance LLC The Americas
. The address	_	NTLY shown in the records on file with the Rhode Island Secretary of State
	10 Dorrance Street, Suite 530,	, Providence, RI 02903
The NEW a	ddress of the resident agent is:	
	450 Veterans Memorial Parku	yay Suita 7A East Providence BL02014
	430 Veterans Memorial Larky	vay, Suite 7A, East Providence, RI 02914
The change		nall become effective upon the filing of this statement, or on
The change	of address of the resident agent sh	
The change	of address of the resident agent sh	nall become effective upon the filing of this statement, or on
	of address of the resident agent sh	nall become effective upon the filing of this statement, or on  more than 30 days after, the filing of this Statement)  Under penalty of perjury, I declare that the information
	of address of the resident agent should be addressed agent should be addressed agent agent should be addressed agent shoul	mall become effective upon the filing of this statement, or on  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.
	of address of the resident agent shaped (a date not prior to, nor 6/14/13	Under penalty of perjury, I declare that the information contained herein is true and correct.  Kenneth J. Uva, Vice President  Print Name of Resident Agent
	of address of the resident agent should be addressed agent should be addressed agent agent should be addressed agent shoul	nall become effective upon the filing of this statement, or on  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.  Kenneth J. Uva, Vice President
rate:	of address of the resident agent shaped (a date not prior to, nor 6/14/13	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.  Kenneth J. Uva, Vice President  Print Name of Resident Agent  Kenneth J. Wa



## 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

