# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MGRM

#### SIGNATURE: DR.H.C.THOMAS MUELLER

Electronic Signature of Signing Authorized Person(s) Detail

#### DOCUMENT# L04000055763

Entity Name: INTERNATIONAL CONSULTING ENGINEERING ICE, LLC

## Current Principal Place of Business:

100 N. BISCAYNE BLVD. SUITE 2100 MIAMI, FL 33132

## **Current Mailing Address:**

100 N. BISCAYNE BLVD. SUITE 2100 MIAMI, FL 33132

# FEI Number: NOT APPLICABLE

# Name and Address of Current Registered Agent:

REGISTERZENTRALE, LLC 100 NORTH BISCAYNE BLVD. SUITE 2100 MIAMI, FL 33132 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS BAUR

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

TitleMGRMNameMUELLER, H.C. THOMAS DR.AddressLEICHTSANDSTRASSE 1City-State-Zip:RHEINSTETTEN 76287

tate of Florida. 04/30/2015

Certificate of Status Desired: No

Date

FILED Apr 30, 2015 Secretary of State CC8129635330

04/30/2015

Date