

819349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

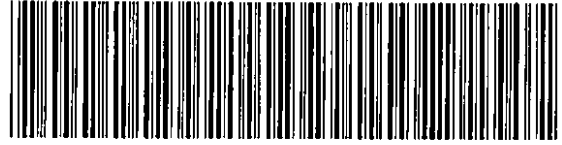
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400417241844

Amend

FILED  
2023 OCT 26 PM 12 02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 OCT 26 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY

OCT 27 2023

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 090944 7973419

AUTHORIZATION :



COST LIMIT : \$ 35.00

-----  
ORDER DATE : October 25, 2023

ORDER TIME : 7:46 AM

ORDER NO. : 090944-005

CUSTOMER NO: 7973419  
-----

FOREIGN FILINGS

NAME: NAVISTAR, INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Amendment for Navistar, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** 819349

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Caitlyn Kohler

\_\_\_\_\_  
Name of Contact Person

Navistar, Inc.

\_\_\_\_\_  
Firm/Company

2701 Navistar Drive

\_\_\_\_\_  
Address

Lisle, IL 60532

\_\_\_\_\_  
City/State and Zip Code

caitlyn.kohler@navistar.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caitlyn Kohler

at ( 331 ) 332-5492

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

819349

(Document number of corporation (if known))

1. Navistar, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. 02/04/1966

(Date authorized to do business in Florida)

2023 OCT 26 PM 12 02  
FILED

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Belisle, Mark	2701 Navistar Drive	<input checked="" type="checkbox"/> Add
		Lisle, IL 60532	<input type="checkbox"/> Remove
AP	Stinsa, Ernest A.	2701 Navistar Drive	<input checked="" type="checkbox"/> Add
		Lisle, IL 60532	<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

0. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Do Young Kim

(Signature of a director, president or other officer - if in the hands of  
a receiver or other court appointed fiduciary, by that fiduciary)

Do Young Kim

(Typed or printed name of person signing)

Director, CFO

(Title of person signing)

**FILING FEE \$35.00**

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Amendment for Navistar, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** 819349

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Caitlyn Kohler

\_\_\_\_\_  
Name of Contact Person

Navistar, Inc.

\_\_\_\_\_  
Firm/Company

2701 Navistar Drive

\_\_\_\_\_  
Address

Lisle, IL 60532

\_\_\_\_\_  
City/State and Zip Code

caitlyn.kohler@navistar.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caitlyn Kohler

at ( 331 ) 332-5492

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303