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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Fax Number : (850)878-5368

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## REGISTERED AGENT CHANGE ICF SH&E, INC.

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1/25/2016 9:31:29 AM From: To: 8506176380( 2/2 )

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of	Delaware	
		registered agent, or both, in the sidie of	r ioi wa.	
	he corporation: ICF SH&E, Inc. office address: 9300 Lee Highway,	Fairfay VA 22031		
2. The principal	office address:	Talliax VA 22001		
3. The mailing a	ddress (if different): 9300 Lee High	way, Fairfax VA 22031		
4. Date of incorp	poration/qualification: 1/30/2006	Document number: F060000	000754	
	I street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file w resigned)	rith the	
	Corporation Service Company		_	
	1202 Hays Street		_	
	Tallahassee, FL 32301-2525		P - 5	
6. The name and street address of the new registered agent (if changed) and /or registered office.				
	C T Corporation System			
	c/o C T Corporation System, 1200 South Pine Island Road			
	P.O. Box NOT acceptable			
	Plantation, Florida 33324		-	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of i	ts registered agent,	
Such change wa authorized by th	is authorized by resolution duly ac ie board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so	
(	Milham	Judith B. Argao, Attorney-in-Fact		
Signatu	// <sup></sup>	Printed or typed name and ti	tie	
I further agree performance of agent. Or, if the hereby confirm	to comply with the provisions of a my duties, and I am familiar with is document is being filed merely i that the corporation has been not	ent and agree to act in this capacity. Il statutes relative to the proper and cor and accept the obligation of my positio to reflect a change in the registered offi ified in writing of this change.	nplete n as registered ce address, I	
C T Corp	portation System	01/20/2016		
	namire of Registered Agent	Date		
If signing on be	half of an entity:			
Tristan Emrich				
T	ped or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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