F140000000423

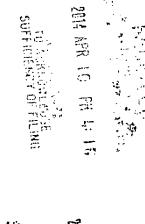
(Re	equestor's Name)				
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(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



700258664047











CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: April 10, 2014

ORDER TIME : 3:03 PM

ORDER NO. : 090815-010

CUSTOMER NO: 7220664

CHANGE OF AGENT

NAME: CITYTECH, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Emily Gray

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT:	CityTech, Inc.				
	Name of C	Corporation			
DOCUMENT NUM	F14000000423				
The enclosed Staten	nent of Change of Registered Offic	ce/Agent and fee are submitted for filing.			
Please return all cor	respondence concerning this matte	er to the following:			
	Rosemarie Jones				
	Name of Co	ontact Person			
	ICF International, Inc.				
Firm/Company					
	9300 Lee Highway				
	Ado	iress			
	Fairfax, VA 22031				
-	City/State a	nd Zip Code			
	Rosemarie.Jones@icfi.com				
	E-mail address: (to be used for t	future annual report notification)			
For further informat	ion concerning this matter, please	call:			
Rosemarie Jones		703 225-5707			
Nam	e of Contact Person	at (
Enclosed is a \$35.00	check made payable to the Depar	tment of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			

CR2E045 (03/12)

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

Pursuant to the provisions of sect statement of change is submitted juic in order to change its reg	for a corporation org	anized under the la	ns of the State o	f Illinois
The name of the corporation:	CityTech, Inc.			
The principal office address:	Suite 1300			
	Chicago, IL 60606	3		
3. The mailing address (if differen	ot):			
4. Date of incorporation/qualificat	ion: 1/30/2014	Document	number: F140	00000423
5. The name and street address of Florida Department of State: (If			ed office on file	with the
Capitol Corpora	ate Services, Inc.			_
155 Office Pla	za Drive, Suite A		Card Card	r-3
Tallahassee		FL	32301	THE P
6. The name and street address of (if changed):	the new registered ag	ent (if changed) an	d /or registered	APR 10 PM
Corporation Sen	vice Company		., ., ., ., ., ., ., ., ., ., ., ., ., .	
1201 Hays Stree	et			08.5 - 58
	P.O. Box NO	OT acceptable		- L
Tallahassee 		FL -	32301	
The street address of its registere as changed will be identical.	d office and the stree	t address of the bu	siness office of	its registered agent,
Such change was authorized by reauthorized by the board, or the co	esolution duly adopte orporation has been n	ed by its board of dotified in writing o	lirectors or by a of the change.	n officer so
		James E. Danie		SVP & Asst. Secy
Signature of an officer or direct I hereby accept the appointment of I further agree to comply with the performance of my duties, and I can agent. Or, if this document is bein hereby confirm that the copporation Corporation Service Com	ns registered agent as e provisions of all sta inn familiar with and ing filed merely to rej on has been notified	nd agree to act in tutes relative to th accept the obligat flect a change in th in writing of this c		omplete on as registered lice address, I
By Signature of Registered Age	1/	4-	10-19	
If signing on behalf of an entity:	<i>y</i> ^		174(C	
ंसह ह	Kniaht			
Typed or Printed Name ASSISTABLE VICE		₽₽∙ \$35 NO * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)