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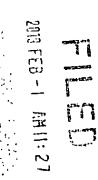
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Special Instructions to Filing Officer:						

Office Use Only



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D. BRUCE FEB 1 1 2019



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 30, 2019

Order#: 573593-013

Re: IC BUS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX____ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)) 2701 Navistar Drive	(b)	
	Principal office address of limited liability of (Note: MUST BE STREET ADDRE		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Lisle IL 60	9532	
	01/10/2008		M0800000167
	Date of filing/registration in Flori	ida 4.	Document number
. (a	a) C T Corporation System		
,	Registered Agent and Registered Office shown on t	he records of the Florida	Dept. of State;
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIL	DA STREET ADDRESS)	
	Plantation	FL <u>33324</u>	
			ė B.
(b			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEX</u>	W Registered Office addi	••3-4
	1201 Hays Street		
	NEW Registered Office Address:		
			
	Tallahassee	, FL <u>32301</u>	
he ch igent	limited liability company is not organized unhange or changes are made, the Florida street will be identical. Or, in the case of a Florid	nder the laws of the Staddress of the regist a limited liability cor	State of Florida, it is hereby confirmed that after ered office and the business office of the registe npany, it is hereby confirmed that the change(s)
	ticles of organization or the operating agreer		ted liability company or as otherwise provided in ability company.
	Xia & Com	- ∮. Jill Ci	ilmi, Authorized Person
Sign	nature of a mumber or authorized representance of a me		Printed or typed name of signee
rovi. he ol) me	eby accept the appointment as registered ag sions of all statutes relative to the proper an bligations of my position as registered agent rely reflect a change in the registered office ed in writing of this change.	ent and agree to act i deamplete performa as provided for in Ci address, I hereby coi	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accep hapter 605. F.S. Or, if this document is being filed afirm that the limited liability company has been

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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	2701 Navistar Drive	Think of the life or an arrange	(b)		vailing address of limited liability company:	
Ţ		Timited liability company: TREET ADDRESS			(Note: MAY BE POST OFFICE BOX)	
	Lisle	IL 60532				
	01/10/2008		 ,	M080000		
3.	Date of filing/regist	tration in Florida	4.		Document number	
5. (a)	C T Corporation System					
	Registered Agent and Registered (Office shown on the records	of the Florida I	Dept. of State	::	
	1200 South Pine Island Ro	oad			2018	
	Registered Office Address (ME	UST BE FLORIDA STREE	T ADDRESS)		933	
	Plantation	,	FL <u>33324</u>		是1:2	3
(b)	Corporation Service Compa	anv			二 · · · · · · · · · · · · · · · · · · ·	i,
(0)	Enter name of NEW Registered A		red Office addr	ess:	27	
	1201 Hays Street	•.				
	NEW Registered Office Address:					
	Tollahonna		20204			
	Tallahassee	· · · · · · · · · · · · · · · · · · ·	FL <u>32301</u>			
he cha igent w vas/we	nge or changes are made, the fill be identical. Or, in the ca	Florida street address ase of a Florida limited we vote of the member.	of the registe liability con s of the limit	ered office ipany, it is ed liability	orida, it is hereby confirmed that after and the business office of the regists hereby confirmed that the change(so company or as otherwise provided apany.	ered)
		GOMES.	Jill Ci	lmi, Author	rized Person	
Signat		esentance of a member			Printed or typed name of signee	
	y accept the appointment as	registered agent and a	igree to act i	n this capa	acity. I further agree to comply with duties, and I am familiar with and ac , F.S. Or, if this document is being f the limited liability company has bee	the