

1108-00-00164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

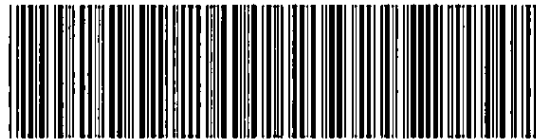
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 AUG 15 PM 12:40

R. HUNT
08/15/23

RECEIVED
2023 AUG 15 PM 3:18
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 939647 7973419

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : August 15, 2023

ORDER TIME : 2:39 PM

ORDER NO. : 939647-005

CUSTOMER NO: 7973419

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DIVISION OF CORPORATIONS
2023 AUG 15 PM 12:40

FOREIGN FILINGS

NAME: IC BUS OF ARKANSAS, LLC
FL
AR

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IC Bus of Arkansas, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Caitlyn Kohler

Name of Person

IC Bus of Arkansas, LLC

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 Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: IC Bus of Arkansas, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M08000000167

3. Jurisdiction of its organization: Arkansas

4. Date authorized to do business in Florida: _____

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida**

City

Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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DIVISION OF CORPORATIONS
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AsstTrea	Aiello, Anthony A.	2701 Navistar Drive	<input type="checkbox"/> Add
		Lisle, IL 60532	<input checked="" type="checkbox"/> Remove
AsstSec	Covington, Jamila S.	2701 Navistar Drive	<input type="checkbox"/> Add
		Lisle, IL 60532	<input checked="" 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

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2023 AUG 15 PM 12:40
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DIVISION OF CORPORATIONS

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Do Young Kim

Signature of the authorized representative

Do Young Kim, Director

Typed or printed name of signee

Filing Fee: \$25.00

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (f)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>President</u>	<u>Batchelor, Justina</u>	<u>2701 Navistar Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Lisle, IL 60532</u>	<input type="checkbox"/> Remove
<u>Sig. VP</u>	<u>Belisle, Mark</u>	<u>2701 Navistar Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Lisle, IL 60532</u>	<input type="checkbox"/> Remove
<u>Secretary</u>	<u>Cabrere, Eleanor P.</u>	<u>2701 Navistar Drive</u>	<input type="checkbox"/> Add
		<u>Lisle, IL 60532</u>	<input checked="" type="checkbox"/> Remove
<u>VP, Tax</u>	<u>Tamer, Timothy J.</u>	<u>2701 Navistar Drive</u>	<input type="checkbox"/> Add
		<u>Lisle, IL 60532</u>	<input checked="" type="checkbox"/> Remove
<u>SVP, etc.</u>	<u>Strycker, Samara</u>	<u>2701 Navistar Drive</u>	<input type="checkbox"/> Add
		<u>Lisle, IL 60532</u>	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Typed or printed name of signer

Filing Fee: \$25.00