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Form LLC-1.36/1.37

May 2008

Secretary of State Jesse White Department of Business Services Limited Liability Division 501 S. Second St., Rm. 351 Springfield, IL 62756 217-524-8008 www.cyberdriveillinois.com

Payment must be made by business firm check payable to Secretary of State. (If check is returned for any reason this filing will be void.)

Illinois Limited Liability Company Act

Statement of Change of Registered Agent and/or Registered Office

SUBMIT IN DUPLICATE

Must be typewritten.

This space for use by Secretary of State.

Filing Fee: \$25

Penalty (See Note 1.):

Approved;

FILE # 02386836

This space for use by Secretary of State.

FILED

MAR 2 4 2009

JESSE WHITE SECRETARY OF STATE

1.	Limited Liability Corp.	יבראַ Name:_	iCover	LLC	
2.	Name and Address of of State (before change	Regisiared Age e):	gent and Registered	Office as they appear on the	e records of the Office of the Secretary
	Registered Agent: _	Joanne		F	Hurley
	negistered Agent.	First Name		Middle Name	Last Name
	D-vistared Office:	30	S. Wacker Drive	Suite 2300)
	Registered Office: _	Number	Street	Suite No. (P.O. Box	alone is unacceptable)
		Chicago	0/	60606	Cook
		City	7	ZIP Code	County
		•			harain raported):
3.	Name and Address of	Registered A	gent and Registered	d Office shall be (after all cha	anges herein reported).
		loonno		GEA	Hurley
	Registered Agent: _	Joanne First Name		Middle Marile	Last Name
			NAL I alsa Chroch	Suite 215	
	Registered Office:	1011 Number	W. Lake Street Street		alone is unacceptable)
				00004	Cook
	_	Oak Parl	·	60301	County
		City		ZIP Code	7

- 4. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.
- 6. The above change was authorized by: (check one box only)
 - a. \square resolution duly adopted by the members or managers. (See Note 4.)
 - b. action of the registered agent. (See Note 5.)

SEE REVERSE FOR SIGNATURE(S).

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6. If the change to the registered agent or registered office is authorized by the members or managers, sign here. (See Note 4 below.)

The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this statement to change the registered agent or address is to the best of my knowledge and belief, true, correct and complete.

Dated	Month/Day	Year
	Signature (Must comply with Section	5-45 of ILLCA.)
	Name and Title (type or p	rint)
- If t	he member or manager signing this doct ther entity, state name of company and in member or manager of the Limited Li	idicate whether it is a

If change of registered office by registered agent, sign here. (See Note 5 below.)

The undersigned, under penalties of perjuly, offirms that the facts stated herein are true, correct and complete.

Dated March 17, 2009

Month/Day Year

Signature of Registered Agent of Record

Joanne F. Hurley

Name and Title (type or print)

It registered agent is a corporation,
name and title of officer who is signing on its behalf.

NOTES

- A \$300 penalty applies when the Limited Liability Company fails to appoint and mair ain a registered agent in Illinois within 60 days of notification of the Secretary of State by the resigning registered agent.
- 2. The registered office may, but need not be, the same as the principal office of the Limiter' Lie bility Company; however, the registered office and the office address of the registered agent must be the same.
- 3. The registered office must include a street or road address (P.O. Box alone is unacceptable):
- 4. A Limited Liability Company cannot act as its own registered agent.
- Any change of registered agent or registered address effected by the Limited Liability Company must be by resolution adopted by the members or managers.
- 6. The registered agent may report a change of the registered office of the Limited Liability Company for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a corporation is acting as the registered agent, a duly authorized officer of such corporation must sign this statement.

