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COVER LETTER

Division of Corporations
SUBJECT: 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:
Beth Malloyd Person) (Name of Person)
(Firm/Company)
8880 Land Parkways (Address)
Kansas City, MO 64114 (City/State and Zip Code)
For further information concerning this matter, please call: Tohn Dunphy 850-681-6710 Beth Malloud at 816 237-3234 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
□\$25 Filing Fee □\$30 Filing Fee & □\$55 Filing Fee & ☑\$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department of State:
2.	Jurisdiction of its organization: Kansas
3.	Date authorized to do business in Florida: 7 31 0
	SECTION II (4-7 complete only the applicable changes)
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 3/30/06
5.	New name of the limited liability company: Ascrion Protection Services LLC
	If the amendment changes the period of duration, indicate new period of duration:
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
8.	If the amendment corrects any false statement, indicate the statement being corrected and the correction:
9.	Attached is an original certificate, 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 a member or the authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00

STATE OF KANSAS OFFICE OF SECRETARY OF STATE RON THORNBURGH

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that, according to the records of this office,

ASURION PROTECTION SERVICES, LLC KANSAS LIMITED LIABILITY COMPANY Business Entity ID Number: 2728533

was filed in this office on April 22, 1999 and has complied with the applicable provisions of the laws of the State of Kansas and on this date is in good standing and authorized to transact business or to conduct its affairs within this state.

Dated: 04/05/2006

For Validation:

Certificate ID: 45780

To validate this certificate, visit the following web site, enter this certificate ID, then follow the instructions displayed.

https://www.accesskansas.org/businessentity/validate.html

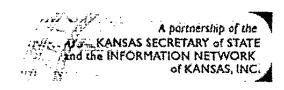
Signed:

RON THORNBURGH SECRETARY OF STATE

Kansas.gov: The Official Web site of the State of Kansas



Kansas Online
Business Entity Search



Kansas Secretary of State Business Entity Certificate Validation

Business Entity
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Certificate Valid

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Contact Info

< KSOS Home < Kansas Web site A Certificate of Good Standing was issued by the Kansas Secretary of State bearing Certificate ID **45780** on **April 05, 2006**. This Certificate pertains to the business entity **ASURION PROTECTION SERVICES, LLC**, which is a(n) **KANSAS LIMITED LIABILITY COMPANY**. This business has an incorporation date of **April 22, 1999** and is identified by business entity File # **2728533**. The information for this certificate was based on **April 05, 2006**.

Validate Another Certificate

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