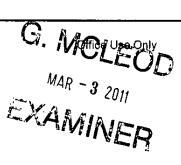
M0500001418

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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500196024375

02/28/11--01032--008 **25.00

FILED

11 FEB 28 MID: 52

SECRETARY OF STATE
AND ASSEFT FI ORID

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	ALARM CAF	'ITAL A	LIAN	CE II, LLC	<u> </u>
	Name of Foreign	1 Limite	d Liab	ility Con	ipany
Dear Sir or Madam	· ;				
The enclosed applic	eation, certificate and fee(s)	are subn	nitted f	for filing.	
Please return all con	respondence concerning this	s matter	to the	following	z :
٠.	ELIZABETH BLAIR				
	Name of Person			-	`
ALARI	M CAPITAL ALLIANCE II, LL	С			
	Firm/Company			-	
1400 N.	PROVIDENCE ROAD, STE 30	55		_	
	Address				
	MEDIA, PA 19063				
	City/State and Zip Code				
	EBLAIR@ALARMCAPITAL.Coto be used for future annual		otificat	ion)	
For further informate	ion concerning this matter, p	olease ca	ılł:		
ELIZA	BETH BLAIR	at (8	66)	484-4800 x8167
Nan	ne of Person	Area	Code	& Daytir	ne Telephone Number
Registration Division of Clifton Buil 2661 Execu	Corporations	·		Regist Division P.O. B	AING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
Enclosed is a check ☑ \$25 Filing Fee	for the following amount: \$30 Filing Fee & Certificate of Status	□\$55	Filing tified (g Fee & Copy	Secondary \$60 Filing Fee, 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)

Name of limited liability company as it appears on the records of the Florida Department of State: ALARM CAPITAL ALLIANCE II, LLC
Jurisdiction of its organization: DELAWARE
Date authorized to do business in Florida: 3/16/2005
SECTION II (4-7 complete only the applicable changes)
If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization?
New name of the limited liability company: MY ALARM CENTER, LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.")
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")
name unavailable, enter alternate name adopted for the purpose of transacting business in rida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." 'LLC.")
If the amendment changes the period of duration, indicate new period of duration:
If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
If the amendment corrects any false statement, indicate the statement being corrected and the correction:
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 AMY V. KOTHARI, PRESIDENT & CEO Typed or printed name of signee

Filing Fee: \$25.00



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "ALARM CAPITAL ALLIANCE

II, L.L.C.", CHANGING ITS NAME FROM "ALARM CAPITAL ALLIANCE II,

L.L.C." TO "MY ALARM CENTER, L.L.C.", FILED IN THIS OFFICE ON

THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2011, AT 9:45 O'CLOCK A.M.

3397360 8100

AUTHENTYCATION: 8576009

DATE: 02-22-11

110181640
You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware Secretary of State Division of Corporations Delivered 09:45 AM 02/18/2011 FILED 09:45 AM 02/18/2011 SRV 110181640 - 3397360 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of Limited Liability ALARM CAPITAL ALLIANG	• •
The Certificate of Formations follows:	on of the limited liability company is hereby am
The name of the li be My Alarm Center	mited liability company shall no
L	
	F, the undersigned have executed this Certificate y of February, A.D. 2016
nic day	y of <u>februar</u> , A.D. <u>2011</u>
	By:
	Authorized Person(s)

Print or Type