M12000000566

(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:

Office Use Only

500296978725

03/21/17--01016--012 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 21 PM 1:09

MAR 22 2017

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Universal Protection Service, 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:

David Buckman
Name of Person

Universal Protection Service, LLC DBA Allied Universal Security Service
Firm/Company

Eight Tower Bridge, 161 Washington St. Suite 600
Address

Conshohocken, PA 19428
City/State and Zip Code

govservices@aus.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 21 PM 1:09

For further information concerning this matter, please call:

Maryll Kersting at (703) 599-2324
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 & Certificate of Status
- ☐ $55 Filing Fee & Certified Copy
- ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

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: Universal Protection Service, 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) _____

_____

FILED
17 MAR 21 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M12000000566

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 1/30/2012

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

5. New name of the limited liability company: Universal Protection Service, LLC DBA Allied Universal Security Services
(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

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

N/A

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

Title/ Capacity	Name	Address	Type of Action
President, Southeast	Robert Wood	3710 Corporex Park Drive, Suite #140 Tampa, Fl. 33619	■ Add
			☐ Remove
Vice President, Business Development	Andrew Daniels	7300 Corporate Center Drive, Suite 401, Miami, FL 33126	■ Add
			☐ Remove
Regional Vice President	Jose Ubieta	7300 Corporate Center Drive, Suite 401, Miami, FL 33126	■ Add
			☐ Remove
Region President	Rob Ryan		☐ Add
		10735 David Taylor Drive, Suite 560 Charlotte, NC 28262	■ Remove
Regional Vice President	Matthew Schwartz		☐ Add
		1551 N. Tustin Avenue, #650 Santa Ana, CA 92705	■ Remove

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
'17 MAR 21 PM 1:09

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

Steven Jones

Typed or printed name of signee

Filing Fee: $25.00

7 March 2017

Kathy Bennett
Allied Universal, Shared SErvices
161 Washington Street, Suite 600
Conshohocken, PA 19428

Kathy,

Good morning, I hope you are well.

Please see attached check request form, and amendment to the Universal Protection Service Florida State SunBiz license. The fee we are requesting is for the State of Florida, and as they are a government agency, they do not have a Vendor # or a Federal ID #.

If there's anything I can do to clarify or expedite this request, please don't hesitate to let me know. My cell number is 703-599-2324.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 21 PM 1:09

Thank you,

Maryll

Maryll Kersting

Capture Management & Business Intelligence

Allied Universal

10851 N Black Canyon Hwy | Suite #115 | Phoenix, AZ 85029

C: 703.599.2324 | maryll.kersting@aus.com
www.AUS.com

ALLIEDUNIVERSAL