

M17000007874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

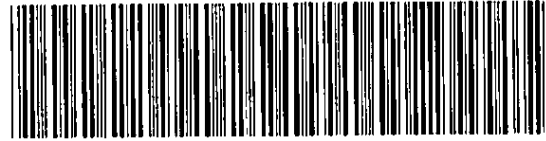
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400386006864

FILED  
2022 APR 27 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED  
2022 APR 27 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 04/27/2022

*Eric D. W.*

Acc#120160000072

Name:	ADT SOLAR LLC
Document #:	
Order #:	14293765

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

**Thank you!**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Marc Jones Construction, L.L.C.  
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:

Suzanne Goldberg  
Name of Person

ADT LLC  
Firm/Company

1501 YAMATO RD.  
Address

BOCA RATON, FL 33431-4438  
City/State and Zip Code

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

For further information concerning this matter, please call:

Suzanne Goldberg at ( 561 ) 981-4736  
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

**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: Marc Jones Construction, L.L.C.

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: M17000007874

3. Jurisdiction of its organization: Louisiana

4. Date authorized to do business in Florida: 09/15/2017

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

5. New name of the limited liability company: ADT Solar LLC  
(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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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>
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_____	_____	_____	<input type="checkbox"/> Add
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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.

*Lisa D Dubois*

Signature of the authorized representative

Lisa D Dubois, Authorized Person

Typed or printed name of signee

Filing Fee: \$25.00



**R. Kyle Ardoin**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana, I do hereby Certify that*

**ADT SOLAR LLC**

A LOUISIANA limited liability company domiciled at MANDEVILLE,

Filed charter and qualified to do business in this State on July 20, 2007,

I further certify the records of this Office indicate the following previous name(s):

MARC JONES CONSTRUCTION, L.L.C. (Changed: 04/19/2022)

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 26, 2022

*Secretary of State*

SS 36501620K



Certificate ID: 11562152#E5D52

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)