# 11123000010901

	(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



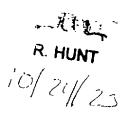
400417582324

2023 OCT 24 PHI2: 40

RECEIVED

100121 PM 3-3-1

DIVISION SEE STATEMENT



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 079985 7624824

AUTHORIZATION : Soull of

COST LIMIT : \$ 25\00

ORDER DATE: October 19, 2023

ORDER TIME : 2:38 PM

ORDER NO. : 079985-045

CUSTOMER NO: 7624824

\_\_\_\_\_

#### FOREIGN FILINGS

NAME: MONITRONICS INTERNATIONAL, LLC

CORPORATE
LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

### **COVER LETTER**

CR2E055 (9/15)

то:	Registration Section Division of Corporations			
SUBJ	Monitronics International, LLC			
	Name of Forei	gn Limited Liah	ility Cor	npany
Dear	Sir or Madam:			
The e	nclosed application, certificate and fee(s	) are submitted	for filing	
Pleas	e return all correspondence concerning th	his matter to the	followin	i8:
	Name of Person		-	
	-	-	-	
	Firm/Company		-	
	Address		-	
	City/State and Zip Coo	de	-	
<u>—</u> Е-г	nail address: (to be used for future annua	il report notifica	ītion)	
For fi	rther information concerning this matter	r, please call:		
		at (	)	
	Name of Person	Area Code	& Dayti	ime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division The Cer 2415 N	ddress: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303
□\$25	Enclosed is a check for the following Filing Fee \$\square\$ \$30 Filing Fee & Certificate of Status	g amount: □ \$55 Filing Certified C		☐ \$60 Filing Fee. Certificate of Status &

## 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	nt of
State: Monitronics International, LLC	<u> </u>
Enter new principal office address, if applicable:	<del></del>
(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: M23000010901	2023 OCT
3. Jurisdiction of its organization: Delaware	007 2
4. Date authorized to do business in Florida: 08/21/2023	<b>-</b>
SECTION II (5-9 complete only the applicable changes)	PM 12:
5. New name of the limited liability company: BH Security, LLC	£
(If name unavailable, enter alternate name adopted for the purpose of transacting business in copy of the written consent of the managers or managing members adopting the alternate name nust contain "Limited Liability Company," "L.L.C." or "LLC.")	n Florida and attach a
6. If amending the registered agent and/or registered officer address on our records, enter the registered agent and/or the new registered office address here:	e name of the new
New Registered Office Address: Enter Florida Street A	ddress
, Flor	ida
City	Zip Code

Thereby 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

New Registered Agent's Signature, if changing Registered Agent:

liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

. If the amendment ch	anges person, title or capacity in	accordance with 605.0902 (1)(e), indicate that	change:
itle/ Capacity	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
		<u> </u>	□Add
		<del></del>	□Remove
			21121 QCT 24 
			□Remode
			□Remove
			□Add
aforementioned amer	ate, if required: no more than 90 ndment(s), duly authenticated by I law of which this entity is orga	y the official having custody of records in the	□Remove

Filing Fee: \$25.00

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MONITRONICS

INTERNATIONAL, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING

ITS NAME TO "BH SECURITY, LLC" ON THE THIRTEENTH DAY OF OCTOBER,

A.D. 2023, AT 3:12 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

ON OUT OF CORPORATION



Authentication: 204406600

Date: 10-19-23

7584324 8320 SR# 20233767089