DOC ID ----> 201520900984

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/28/2015	201520900984	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	200.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

METZ BAILEY & MCLOUGHLIN
WILLIAM MCLOUGHLIN
33 E SCHROCK RD
WESTERVILLE, OH 43081

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2390625

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

U.S. PROTECTION SERVICE LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
LIMITED LIABILITY COMPANY - AMENDMENT	**201520900984**
Effective Date: 07/27/2015	

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of July, A.D. 2015.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201520900984

Form 543A Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE
Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (**Two business day processing time. Requires an additional $100.00**)
P.O. Box 1390
Columbus, OH 43216

Domestic Limited Liability Company Certificate of Amendment or Restatement
Filing Fee: $50

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

4/29/2015
Date of Formation

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

Date of Formation

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2015 JUL 27 PM 1:19
SECRETARY OF STATE
CLERK'S OFFICE

The undersigned authorized representative of:

SORRENTO ACQUISITION, LLC
Name of limited liability company

2390625
Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

U.S. PROTECTION SERVICE LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

JOSEPH W. CONLEY

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 201520900984

Form 590 Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE
Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Consent for Use of Similar Name

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)

Name of Entity/Individual Giving Consent: U.S. PROTECTION SERVICE LLC

Charter/Registration/License Number of Entity giving Consent: 1355137

Gives it Consent To: Royce Security, LLC

To Use The Name: U.S. PROTECTION SERVICE

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED
Consent form must be signed by an authorized representative of the consenting entitiy.

Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

KEITH THATCHER
Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

RECEIVED
OHIO SECRETARY OF STATE
2015 JUL 27 PM 1:20
CLERK'S INITIALS

DOC ID ----> 201520900984

Form 590 Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE
Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Consent for Use of Similar Name

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)

Name of Entity/Individual Giving Consent: U.S. PROTECTION SERVICE LLC

Charter/Registration/License Number of Entity giving Consent: 1355137

Gives it Consent To: SORRENTO ACQUISITION, LLC

To Use The Name: U.S. PROTECTION SERVICE

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED
Consent form must be signed by an authorized representative of the consenting entitiy.

Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

KEITH THATCHER
Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

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2015 JUL 27 PM 1:20
CLIENT SERVICE DEPT.