

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### AMENDED CERTIFICATE OF AUTHORITY

#### NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

**ADS SECURITY, L.P.**  
a Foreign Limited Partnership

formed under the laws of the State of **Pennsylvania** and authorized to transact business in Georgia on **08/20/1991**, has amended its application to transact business in this state by the filing of an amendment changing its name to

**ADS Security, LLC**  
a Foreign Limited Liability Company

and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on **08/16/2019**.



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State



Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, GA 30334
(404) 656-2817
sos.georgia.gov/corporations

2019 AUG 14 PM 4:59
SECRETARY OF STATE
CORPORATIONS DIVISION

APPLICATION FOR AMENDED
CERTIFICATE OF AUTHORITY
OF A FOREIGN ENTITY

An amended certificate of authority must be obtained by filing an application for amended certificate of authority if a foreign entity changes its name or its jurisdiction of organization. If any other information required in the original application has changed, please use this form, attaching additional pages if necessary, to inform the Secretary of State of said changes. Complete (where applicable) and return this form with a check payable to "Secretary of State" in the amount of \$20.00.

1. Entity Name: ADS SECURITY, L.P.

2. Entity Control Number: K115620

3. Entity Type (check one only):
[ ] Corporation (choose one type) [ ] Profit [ ] Nonprofit [ ] Professional
(Corporation must provide certificate of existence from home state with new name, if applicable.)
[ ] Limited Liability Company
[X] Limited Partnership/Limited Liability Limited Partnership
[ ] Limited Liability Partnership

4. State/Country of Home Jurisdiction: Pennsylvania

5. Date of Authorization in Georgia: 08/20/1991

6. New Entity Type (if applicable):
[ ] Corporation (choose one type) [ ] Profit [ ] Nonprofit [ ] Professional
(Corporation must provide certificate of existence from home state with new name, if applicable.)
[X] Limited Liability Company
[ ] Limited Partnership/Limited Liability Limited Partnership
[ ] Limited Liability Partnership

7. New Name of Entity (if applicable): ADS Security, LLC

8. New Home Jurisdiction (if applicable):

9. Effective Date: (Choose one) [X] Upon filing [ ] Delayed effective date and/or time:
(A delayed effective date must be within 90 days of the filing date.)

10. Signature: [Handwritten Signature] Date: 8/12/19

Charles S. Thropp, Jr., Authorized Officer of the Member
Print Name

Signer's Capacity (check one only):
Corporation: [ ] Officer [ ] Chairperson of Board of Directors [ ] Court-Appointed Fiduciary [ ] Attorney-in-fact
LLC: [X] Member [ ] Manager [ ] Court-Appointed Fiduciary [ ] Attorney-in-fact
LP/LLP: [ ] General Partner [ ] Attorney-in-fact
LLP: [ ] Authorized Person

Email Address: tjfarrar@vectorsecurity.com



Secretary of State

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SECRETARY OF STATE
CORPORATIONS DIVISION

APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR FOREIGN LIMITED LIABILITY COMPANY

IMPORTANT: Please provide the entity's primary email address when completing this form.

Primary Email Address: tfarrar@vectorsecurity.com

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1. ADS Security, LLC
Name of Limited Liability Company Name Reservation Number (Optional)

upon filing

Date business commenced (or proposed) in Georgia (NOTE: If date provided here is more than 30 days prior to the effective date of this application, a \$500 penalty plus fees must be paid. Penalty is statutory and cannot be waived by Secretary of State.)

2. Sonia Ravin
Name of Filing Person

c/o McGuireWoods LLP, 77 West Wacker Drive, Suite 4100 Chicago IL 60601
Address City State Zip Code
sravin@mcguirewoods.com 312-849-8145
Filer's Email Address Telephone Number

3. ADS Security, LLC
Name of Limited Liability Company in State or Country of Formation

Pennsylvania 05/20/1991 perpetual
Jurisdiction (Home State or Country) Date of Formation in Home State or Country Period of Duration

4. 2000 Ericsson Drive Warrendale PA 15086
Address of Principal Place of Business City State Zip Code

5. C T Corporation System
Name of Registered Agent in Georgia Registered Agent's Email Address

289 South Culver Street
Registered Office Street Address in Georgia (post office box or mail drop not acceptable for registered office address)
Lawrenceville Gwinnett GA 30046
City County State Zip Code

6. Vector Security, Inc., 2000 Ericsson Drive Warrendale PA 15086
Manager's Name & Address (person with substantial responsibility for managing LLC's business activities) City State Zip Code

7. 2000 Ericsson Drive Warrendale PA 15086
Address Where Limited Liability Company's Records Are Maintained City State Zip Code

8. Effective Date: (Choose one) [X] Upon filing [ ] Delayed effective date and/or time:
(A delayed effective date must be within 90 days of the filing date.)

9. NOTICE: Mail the following items to the Secretary of State at the above address
(1) This application;
(2) The filing fee of \$225.00 payable to "Secretary of State." Filing fees are non-refundable.

This application is signed by a person duly authorized to sign such instruments by the laws of the jurisdiction under which the foreign limited liability company is organized. The foreign limited liability company undertakes to keep its records at the address shown in #7 above until its registration in Georgia is canceled or withdrawn. The foreign limited liability company, in accordance with Title 14 of the Official Code of Georgia Annotated, appoints the Secretary of State as agent for service of process if no agent has been appointed in Georgia or, if appointed, the agent's authority has been revoked or the agent cannot be found or served by the exercise of reasonable diligence.

Signature of Authorized Person
Charles S. Thrapp, Jr.
Print Name

Date 8/12/19
Authorized Officer of the Member
Title