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|------------|--------------|---------------------------------------------|--------|-------|------|------|
| 02/04/2021 | 202102902654 | FOREIGN LLC - REGISTRATION CORRECTION (LFC) | 50.00  | 0.00  | 0.00 | 0.00 |

**Receipt**

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

CSC  
251 LITTLE FALLS DRIVE  
WILMINGTON, DE 19808

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose**  
**3946452**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**BULLDOG SECURITY SERVICES, LLC**

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

Document(s)

**FOREIGN LLC - REGISTRATION CORRECTION**

Effective Date: 01/29/2021

Document No(s):

**202102902654**



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  
4th day of February, A.D. 2021.

**Ohio Secretary of State**

Form 543B Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

**Foreign Limited Liability Company  
Certificate of Correction**  
**Filing Fee: \$50**  
**(135-LFC)**  
**Form Must Be Typed**

The undersigned authorized representative of:

Name of limited liability company in jurisdiction of formation

  
Name of limited liability company in Ohio, if different than above

Ohio Registration Number

Jurisdiction of Formation

**Only complete sections that apply. (sections to be corrected)**  
Name of limited liability company in jurisdiction of formation

Name of limited liability company in Ohio

  
Name of limited liability company in Ohio must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "Ltd"  
Jurisdiction of Formation

The address to which interested persons may direct requests for copies of any operating agreement, or any bylaws, or other charter documents of the company is:

  
Mailing Address  
City  
State  
ZIP Code

**Complete the information in this section if the limited liability company wants to appoint a new statutory agent.**

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

Name of Statutory Agent

Mailing Address

City

State

ZIP Code

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed, or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

**Complete this box to change the address of the current statutory agent.**

New address of statutory agent:

**Complete the information in this section if the statutory agent is resigning.**

Name of Current Agent

State

ZIP Code

Current or last known address of the entity's principal office where a copy of this Registration of Agent was sent as of the date of filing or prior to the date filed.

Mailing Address

City

State

ZIP Code

**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 an authorized 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.

Tray Cassels

Signature

Authorized Representative

By (if applicable)

Tray Cassels

Print Name

Signature

By (if applicable)

Print Name