

F10 00000 1098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

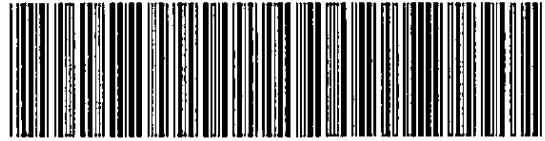
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/19/22--01012--019 **35.00

FILED

2022 JUN 21 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
JUN 23 2022

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Alliance Collection Service, Inc.

Name of Corporation

DOCUMENT NUMBER: F10000001098

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Haley McLemore

Name of Contact Person

Alliance Collection Service, Inc.

Firm/Company

PO Box 49

Address

Tupelo, MS 38802

City/State and Zip Code

supervisor@alliancecollectionservice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Haley McLemore

Name of Contact Person

at (662) 841-9995

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |
|---|---|--|---|

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

FILED

2022 JUN 21 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FL

SECTION I
(1-3 MUST BE COMPLETED)

F10000001098

(Document number of corporation (if known))

1. Alliance Collection Service, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Mississippi

3. 03/03/2010

(Incorporated under laws of)

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 4/5/2022

5. Alliance Consumer Solutions, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Hailey M. Lenore
 (Signature of a director, president or other officer - if in the hands of
 a receiver or other court appointed fiduciary, by that fiduciary)

Hailey M. Lenore
 (Typed or printed name of person signing)

CFO
 (Title of person signing)

FILING FEE \$35.00



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 27th day of March, 1995, the State of Mississippi issued a Charter/ Certificate of Authority to:

ALLIANCE CONSUMER SOLUTIONS, INC

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said Alliance Consumer Solutions, Inc is in good standing at this time.

Given under my hand and seal of office
the 7th day of April, 2022

A handwritten signature in cursive script that reads "Michael Watson".

Certificate Number: CN22135977

Verify this certificate online at <http://corp.sos.ms.gov/corpeconv/verifycertificate.aspx>



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JUN 21 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FL

June 6, 2022

HALEY MCLEMORE
PO BOX 49
TUPELO, MS 38802

SUBJECT: ALLIANCE COLLECTION SERVICE, INC.
Ref. Number: F10000001098

We have received your document for ALLIANCE COLLECTION SERVICE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU NEED TO PROVIDE US WITH A CERTIFICATE OF GOOD STANDING FROM YOUR STATE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 522A00012610