# F190000000 56

(Requestor's Name)				
(Ad	Idress)			
	ldress)			
(/\d	idiess)			
(Cit	ty/State/Zip/Phone #	#)		
PICK-UP	☐ WAIT	MAIL		
/D:	ısiness Entity Name			
(Bu	isiness Endry Name	<del>;</del> )		
(Do	cument Number)			
Certified Copies	_ Certificates o	of Status		
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Special Instructions to	Filing Officer:			

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### COVER LETTER

SUBJECT: Aloric	a Inc.		
		e of Corporation	
DOCUMENT NU	MBER: F19000000056	<del></del>	
The enclosed Ame	endment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	nter to the following:	
Kai Williamson			
	Name of Contact Person		
Alorica Inc.			
	Firm/Company		
5161 California A	venue Suite 100		
	Address		
State 100 Irvine C	A 92617		
	City/State and Zip Code		
corporatelegal@al	orica.com		
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ation concerning this matter, plea	se call:	
Lakbi Villaroman		215 347-1719 at ()	
Name	e of Contact Person	at ()Area Code & Daytime	Telephone Number
Enclosed is a check	k for the following amount:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$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.)

# SECTION I (1-3 MUST BE COMPLETED)

F	1900000056		193
_	(Document number of corporat	ion (if known)	
Alorica Inc.			
	corporation as it appears on the recor	•	ite)
Delaware	3. 01/	03/2019 (Date authorized to do b	?
(Incorporated undo	er laws of)	(Date authorized to do b	ousiness in Florida)
	SECTION II		9
(4	-7 COMPLETE ONLY THE APPL	ICABLE CHANGES)	
4. If the amendment changes the name of incorporation?	•		its jurisdiction of
:			
(Name of corporation after the amenda not contained in new name of the corp	nent, adding suffix "corporation," "corporation)	mpany," or "incorporated,"	or appropriate abbreviation
(If new name is unavailable in Florida,	enter alternate corporate name adopted	d for the purpose of transac	ting business in Florida)
6. If the amendment changes the per	iod of duration, indicate new period of	duration.	
	(New duration)	<del></del>	
7. If the amendment changes the juri	sdiction of incorporation, indicate new	v jurisdiction.	
	(New jurisdiction)	<u> </u>	_
	(ite ii jai isaicissii)	,	
. If amending the registered agent and	d/or registered office address in Flor	ida, enter the name of the	•
new registered agent and/or the new			-
Name of New Registered Agent			
-	(Florida street address	()	
New Registered Office Address:		, Florida_	
<del>.</del>	(City)		(Zip Code)
New Registered Agent's Signature,	if changing Registered Agent:		
I hereby accept the appointment as reg		l accept the obligations of t	he position.
Signature of New Re	egistered Agent, if changing		

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

Title/ Capacity	<u>Name</u>	Address <u>T</u>	ype of Action	
CFO	TJON, KARIN-JOYCE (KJ)	8151 PETERS ROAD	□Add	
		PLANTATION, FL 33324	<b> ∠</b> Remove	
CFO	LEE, ANDY	5161 CALIFORNIA AVENUE, SUITE 100	ZAdd	
		IRVINE, CA 92617	Remove	
COO GREG HALLER	GREG HALLER	5161 CALIFORNIA AVENUE, SUITE 100	🛮 🗸 🗸 🖂	
		IRVINE, CA 92617	Remove	
		<del></del>	Ckemove	
			□Add	
			Remove	
<ol> <li>Attached is a of the applica under the law</li> </ol>		videncing the amendment, authenticated not many of State or other official having custody of colored states.  Help Haller	ore than 90 days prior to deliver orporate records in the jurisdiction	
	(Signature of a direct	or, prondent or other officer - if in the hands of our appointed fiduciary, by that fiduciary)	<del>f</del>	
	GREG HALLER	COO		
(Typed or printed name of person signing)		(Title of person	(Title of person signing)	

FILING FEE \$35.00