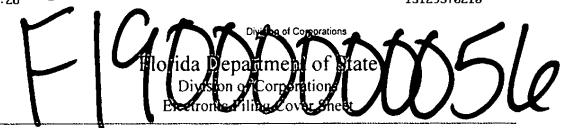
7/31/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporation	ons
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: (850)617-6380 Fax Number

From:

To:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE ALORICA INC.

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H21000291277 3

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Alorica Inc. Name of Corporation					
DOCUMENT NUMBER: F1900000	0056				
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
Mary Castillo					
Name of Contact Person					
Registered Agent Solutions, Inc.					
Firm/Company					
1701 Directors Blvd. Suite 300					
Address					
Austin, Texas 78744					
City/State and Zip Code					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, p	lease call:				
Mary Castillo	at (888) 705-7274 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the !	Department of State.				
Mailing Address:	Street Address:				
Amendment Section	Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

H21000291277 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	provisions of sections 607.0502, 617. The submitted for a corporation of To change its registered office or re	ganized i	under the lav	vs of the State of \bot	Delaware			
1. The name of t 2. The principal IRVINE, C	he corporation: Alorica Inc. office address: 5161 CALIFORN A 92617	IIA AVI	ENUE. SL	JITE 100				
	ddress (if different):						-	
4. Date of incorp	oration/qualification: 1/3/2019		Document r	number: F19000)000056		-	
	street address of the current register ment of State: (If resigned, enter res		and registere	d office on file wi	th the			
	CORPORATION SER	VICE	COMP	ANY				
	1201 HAYS STREET	·			· ;	 Σ	20,	
	TALLAHASSEE		FL	32301-2525		mik Nasi Sasi	2021 AUS	i
6. The name and (if changed):	street address of the new registered Registered Agent Solut			d/or registered off		ET AMASSEE FLO	-2 AH	[H]
					-		9: 43	
	155 Office Plaza Dr.	D. Box NOT	Suite A			•	ω	
	Tallahassee	FL	32301	<u> </u>				
as changed will						agent,		
Such change wa authorized by th	s authorized by resolution duly ado e board, or the corporation has been	pted by it notified	ts board of d in writing o	lirectors or by an of the change.	officer so			
	wendnes	M	ax Schwe		Secretary	/		
I hereby accent	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ny filed merely to reflect a change i been notified in writing of this cha.	t and agr statutes r obligation n the reginge.	ee to act in .	ed or typed name and til this capacity, e proper and com ition as registered e address, I hereb		rmance ; if this hat the	•	
Hack	anzi dt	08	3/28/2020)				
Sign	unite of Registered Agent			Date	1,			
If signing on bel	half of an entity:							
	Assistant Secretary							
Τ ₂	rped or Printed Name * * * FILING	FEE: \$	35.00 * * *					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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