2/3/25, 11:26 AM Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

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

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 GLOBAL INC.

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COVER LETTER

TO:

TO: Amendment Section Division of Corporations
SUBJECT: ALORICA GLOBAL INC.
Name of Corporation
DOCUMENT NUMBER: F23000005025
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
5301 Southwest Pkwy Suite 400
Address
Austin, Texas 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Castillo at (888) 705-7274
Mary Castillo at (888) 705-7274 Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

Street Address:

Tallahassee, FL 32303

CR2E045 (04/13)



H25000041057 3

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

statement of ch	e provisions of sections 607.0502, 617.0 nange is submitted for a corporation or ter to change its registered office or reg	ganized under the laws of the State o	/ Delaware		
1. The name of	f the corporation: ALORICA GLOBAL	INC.			
2. The principa	al office address: 5161 CALIFORNIA A	VE., STE. 100 1RVINE, CA 62617			
3. The mailing	address (if different):				
4. Date of inco	Document number:	0005025			
5. The name ar	nd street address of the current registere artment of State: (If resigned, enter resi	ed agent and registered office on file			
	REGISTERED AGENT SOLUTIONS	S, INC.			
	155 OFFICE PLAZA DR., STE. A				
	TALLAHASSEE, FL 32301				
6. The name at (if changed)	nd street address of the new registered a	agent (if changed) and /or registered o	office		
	Registered Agent Solutions, Inc.				
	2894 Remington Green Ln. Ste. A		_		
		. Box NOT acceptable			
	Tallahassee, FL 32308		<u>—</u>		
The street add as changed wi	ress of its registered office and the strull be identical.	eet address of the business office of	its registered agent.		
Such change wanthorized by	vas authorized by resolution duly adop the board, or the corporation has been	pted by its board of directors or by a notified in writing of the change.	n officer so		
131	nzie Hibler ture of an officer or director	Mackenzie Hibler, Authorized Person			
I hereby accep I further agree of my duties, a document is be	of the appointment as registered agent e to comply with the provisions of all s and I am familiar with and accept the a eing filed merely to reflect a change in as been notified inwriding of this chan	and agree to act in this capacity statutes relative to the proper and co obligation of my position as register of the registered office address, I her	omplete performance red agent. Or: If this reby confirm that the		
S	ignate of Registered Agent	Date	AM IO: O		
If signing on b	ochalf of an entity:		3.7.7.6. 3.7.7.6.		

* * * FILING FEE: \$35.00 * * *

Mackenzie Hibler, Assistant Secretary

Typed or Printed Name