

MOT000000964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

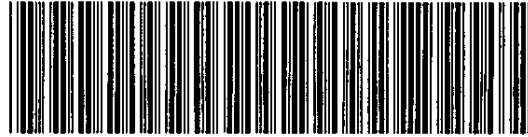
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/10/15--01027--001 **25.00

FILED
15 JUL 10 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FL 32399

JUL 13 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: West At Home, LLC.

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie Shults

Name of Person

Alorica at Home

Firm/Company

7171 Mercy Road

Address

Omaha, NE

City/State and Zip Code

julie.shults@alorica.com

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

For further information concerning this matter, please call:

Julie Shults

Name of Person

at (402) 546-7089

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED
15 JUL 10 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: West At Home, LLC.

2. The Florida document number of this limited liability company is: M07000000924

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 2-16-2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Alorica at Home, LLC.
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of
the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
City Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

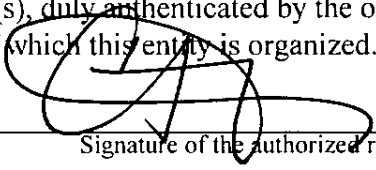
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Alorica Inc.	5 Park Plaza, Ste 1100; Irvine, CA	<input checked="" type="checkbox"/> Add
		5 Park Plaza, Ste 1100; Irvine, CA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Christy T. O'Connor

Typed or printed name of signee

Filing Fee: \$25.00

FILED
15 JUN 10 PM 4:10
SECRETARY OF STATE
ALABAMA

State of Delaware
Secretary of State
Division of Corporations
Delivered 06:43 PM 04/08/2015
FILED 06:42 PM 04/08/2015
SRV 150485681 - 4292325 FILE

CERTIFICATE OF AMENDMENT

FILED PURSUANT TO SECTION 18-202 OF THE DELAWARE LIMITED LIABILITY COMPANY ACT

West At Home, LLC, a limited liability company organized under the laws of the State of Delaware, hereby certifies that:

- FIRST:** The name of the limited liability company is West At Home, LLC.
- SECOND:** The member wishes to amendment the Certificate of Formation.
- THIRD:** The Certificate of Formation shall be amended to change the name of the entity to:

Alorica At Home, LLC

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment, on behalf of West At Home, LLC.

DATED: April 8, 2015

WEST AT HOME, LLC
a Delaware limited liability company

/s/ Christy O'Connor
By: Christy O'Connor
Its: Chief Legal Officer

FILED
15 JUN 10 PM 4:10
SECRETARY OF STATE
DIVISION OF CORPORATIONS