

MO8000003218

(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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15 JUL 10 PM 4:10
SECRETARY OF STATE
TREASURY DEPT. CLERK

JUL 13 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: West Engagement Services, 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 Business Solutions, LLC

Firm/Company

7171 Mercy Road

Address

Omaha, NE 68106

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 Business Solutions, LLC. ;Cross ref.; West Engagement Services, LLC.
2. The Florida document number of this limited liability company is: M08000003218
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: July 9, 2008

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

5. New name of the limited liability company: Alorica Business Solutions, LLC.
(must contain "Limited Liability Company, " "L.L.C.," 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," "L.L.C." 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

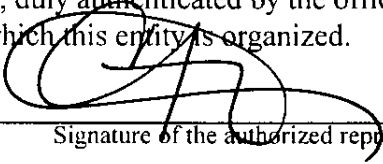
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Change of ownership created change of name

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>West Corporation</u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Alorica Southwest LLC.</u>	<u>5 Park Plz; Ste 1100; Irvine, CA 92614</u>	<input checked="" type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove

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 JUL 10 PM 4:11
SECRETARY OF STATE
TULAHSEE, ALABAMA

Delaware

PAGE 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "WEST BUSINESS SOLUTIONS, LLC", CHANGING ITS NAME FROM "WEST BUSINESS SOLUTIONS, LLC" TO "ALORICA BUSINESS SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE SIXTH DAY OF MARCH, A.D. 2015, AT 4:56 O'CLOCK P.M.

FILED
15 JUL 10 PM 4:11
SECRETARY OF STATE
DELAWARE

4373488 8100

150813630




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2416929

DATE: 05-28-15

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:55 PM 03/06/2015
FILED 04:56 PM 03/06/2015
SRV 150325330 - 4373488 FILE

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: _____
West Business Solutions, LLC
2. The Certificate of Formation of the limited liability company is hereby amended
as follows:

"First: The name of the limited liability company
is Alorica Business Solutions, LLC"

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 3rd day of March, A.D. 2015.

By: JM/
Authorized Person(s)

Name: James Molloy
Print or Type

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15 JUN 10 PM 4:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS
DELAWARE, DELAWARE