

P15000101625

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16 FEB -2 AM 9:51
DIVISION OF CORPORATIONS
STATE OF ARIZONA

FEB 5 2016
C LEWIS



HUMAN RESOURCES
EMPLOYEE BENEFITS
PAYROLL ADMINISTRATION
RISK MANAGEMENT

February 1, 2016

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

Re: Change of Registered Agent for Corporations

Dear Sir/Madam:

Attached please find a Cover Letter, Statement of Change of Statutory Agent and check of \$35 each for fees.

The entities are:

- Oasis Outsourcing Admin Inc.
- Oasis Outsourcing Admin Group, Inc.
- Oasis Outsourcing Admin II, Inc.
- Oasis Outsourcing HR, Inc.
- Oasis Outsourcing Contract Group, Inc.
- Oasis Outsourcing Contract, Inc.
- Oasis Outsourcing Contract II, Inc.
- Oasis Outsourcing Contract III, Inc.
- Oasis Outsourcing Contract IV, Inc.
- Oasis Outsourcing Staffing IV, Inc.
- Oasis Outsourcing Contract VII, Inc.

Please assist us and change the name and location of the statutory agents. Please file this document, pursuant to Florida Rules.

Thank you,

OASIS OUTSOURCING, INC.

A handwritten signature in black ink, appearing to read "Ellen J. Frye", written over a horizontal line.

Ellen J. Frye, Corporate Governance Specialist

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OASIS OUTSOURCING ADMIN, INC.
Name of Corporation

DOCUMENT NUMBER: P15000101625

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:

TIFFANY LUTHER

Name of Contact Person

OASIS OUTSOURCING

Firm/Company

2054 VISTA PARKWAY, SUITE 300

Address

WEST PALM BEACH, FL 33411

City/State and Zip Code

compliance@oasisadvantage.com

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

For further information concerning this matter, please call:

TIFFANY LUTHER

Name of Contact Person

at (**561**) **277-6500**

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OASIS OUTSOURCING ADMIN, INC.
2. The principal office address: 2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/11/2015 Document number: P15000101625

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301


6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TERRY P. MAYOTTE
2054 VISTA PARKWAY, SUITE 300
P.O. Box NOT acceptable
WEST PALM BEACH, FL 33411

STATE DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
16 FEB - 2 AM 9: 51

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

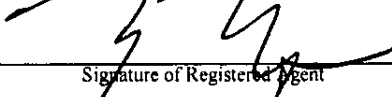


Signature of an officer or director

TERRY P. MAYOTTE, CFO/DIRECTOR

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

2/1/16

Date

If signing on behalf of an entity:

TERRY P. MAYOTTE

Typed 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