I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BIANCHI, GUSTAVO L

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L12000119408

Entity Name: GLB OASIS 2111 LLC

## **Current Principal Place of Business:**

249 AFTON SQUARE 2-111 ALTAMONTE SPRINGS, FL 32714

## **Current Mailing Address:**

PO BOX 310463 MIAMI, FL 33231

## FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

GLB OASIS LLC 18501 PINES BLVD SUITE 300 PEMBROKE PINE, FL 33029 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: GUSTAVO LUIS BIANCHI			01/04/2017
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	BIANCHI, GUSTAVO L	Name	VILLAGRACIA, MARIA P	
Address	18501 PINES BLVD SUITE 300	Address	18501 PINES BLVD SUITE 300	
City-State-Zip:	PEMBROKE PINES FL 33029	City-State-Zip:	PEMBROKE PINES FL 33029	

# FILED Jan 04, 2017 Secretary of State CC4303970496

Certificate of Status Desired: Yes

01/04/2017 Date