

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090001978273)))



HERREIT STROTTARCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

from:

Account Name : BUSINESS FILINGS Account Number : 105256001620

Account Number Phone

: (608) \$27-5300

Fax Number

: (608)827-5501

PRECEIVES 09 SEP -9 AM 8: 00 CRETARY OF STATE

REGISTERED AGENT CHANGE

OASIS ALIGNMENT SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

TROPPES SEP 10 Mile

SEP-09-2009 15:24 HOY0001978273

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

	f change is submitted for a corpo	02, 617.0502, 607.1508, or 617.1508, Florida a oration organized under the laws of the State of gistered office or registered agent, or both, in a	•
of Florida. 1. The name of	the corporation: OASIS ALIGNM	MENT SERVICES, INC.	
	l office address: 255 Pickering Ro		
3. The mailing	address (if different):		No. of the Control of
4. Date of inco	rporation/qualification: 2/11/20	Document number: F00000000)808 ₂
5. The name ar		gistered agent and registered office on file with t	9
	1201 HAYS STREET	1111	AH 10: 1
	TALLAHASSEE, FL 32301-262	26	08
6. The name a changed):	Business Filings Incorporated 1203 Governors Square Blvd, Su	egistered agent (if changed) and /or registered of the changed of	office (if
The street addragent, as change	ress of its registered office and the	he street address of the business office of its re	gistered
(Signature of an office I hereby accept I further agree performance of registered age office address,	Er, chairman or vice chairman of the board) In the appointment as registered at to comply with the provisions of my duties, and I am familiar wint. Or, if this document is being I hereby confirm that the corporation of Registered Agent) Signature of Registered Agent) alf of an entity:	agent and agree to act in this capacity, of all statutes relative to the proper and comple with and accept the obligation of my position as a filed merely to reflect a change in the register that in the proper and complete the complex of this change in the change in t	
	(Typed or Printed Name)	(Capacity)	
	#1L1K(IG FEE: \$35.00 * * *	

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314