

8/17/22, 4:04 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

F18000004162

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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**REGISTERED AGENT CHANGE
OAKTREE SOFTWARE, INC. IN OKLAHOMA**

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A. BUTLER

AUG 18 2022

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OAKTREE SOFTWARE, INC. IN OKLAHOMA
Name of Corporation

DOCUMENT NUMBER: F18000004162

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:

Sandra Monroe

Name of Contact Person

OAKTREE SOFTWARE, INC. IN OKLAHOMA

Firm/Company

1437 S. Boulder Ave

Address

Tulsa, OK 74119

City/State and Zip Code

smon@oaktreesaffling.com

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

For further information concerning this matter, please call:

URS AGENTS C/O LAUREN JOHNSON

Name of Contact Person

at (800) 567-4397

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 OK

_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OAKTREE SOFTWARE, INC. IN OKLAHOMA
 2. The principal office address: 1437 S. Boulder Ave, TULSA OK 74119

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/04/2018 Document number: F18000004162

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)

CAPITOL CORPORATE SERVICES, INC.

515 EAST PARK AVE, 2ND FLOOR

TALLAHASSEE, FL 32301

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

URS AGENTS INC.

3458 LAKESHORE DR

P.O. Box NOT acceptable

TALLAHASSEE, FL 32312

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.

Lisa Wilson
 Signature of an officer or director

LISA WILSON, PRESIDENT

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.

KBS
 Signature of Registered Agent

8-17-22

Date

If signing on behalf of an entity:

Koretha Bishop, Asst. Sec.

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

CR2E045 (04/13)

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 DIVISION OF STATE
 TALLAHASSEE, FL