## FOUDDUDIN

(Re	equestor's Name)	
(Ac	ddress)	
, (Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088 June 02, 2017 Date:\_ Michelle Walker C019060 Reference #:\_\_\_\_ OASIS DEG, INC. Entity Name:\_\_\_\_ Articles of Incorporation/Authorization to Transact Business □ Amendment ✓ Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal ☐ Fictitous Name Other
 Other Please include a copy of cover letter with returned evidence. Thanks! Authorized Amount: \$35

Signature: Whelle Walker Please note: If authorized amount is incorrect, please call Michelle at 518-213-0737.





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088 June 02, 2017 Date:\_ Michelle Walker Name: Reference #:\_\_\_\_\_C019060 OASIS DEG, INC. Entity Name:\_\_\_\_ Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent Conversion ☐ Dissolution/Withdrawal Tictitous Name Other \_\_\_\_ Please include a copy of cover letter with returned evidence. Thanks!

Signature:

Authorized Amount: \_\_\_\_\_

Please note: If authorized amount is incorrect,

please call Michelle at 518-213-0737.

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

1. The name of the corporation:		OASIS DEG, INC	OASIS DEG, INC.		
	office address:		<del></del>		
<u>762</u>	5 PARKLAWN AVE.	EDINA	MN	<u>5543</u>	
•	ddress (if different):	300 WEST PALM BEACH	ł FL	3341	
		st 3, 1994 Document number:	F940000	04038	
	street address of the current regitment of State: (If resigned, enter	istered agent and registered office on fir resigned)	le with the		
	C T CORPO	RATION SYSTEM			
	1200 SOUTH	PINE ISLAND ROAD			
	PLANTAT	TION, FL 33324		A	
6. The name and (if changed):	street address of the new register	ered agent (if changed) and /or registere	d office	JUN -2	
	115 North Calhoun			H.	
		Box NOT acceptable			
The street address changed will	ss of its registered office and the	e street address of the business office	of its register	red agent,	
		adopted by its board of directors or by been notified in writing of the change.			
15/	n	Mark Thomas	Assistant Se	cretary	
I hereby accept to I further agree to performance of agent. Or, if this hereby confirm to	the appointment as registered a comply with the provisions of my duties, and I am familiar with the complete merely that the corporation has been no	gent and agree to act in this capacity. all statutes relative to the proper and th and accept the obligation of my pos y to reflect a change in the registered of otified in writing of this change.		tered s, I	
Sunt	toran	5/22/2017			

Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*