L04000006310

(Requestor's Name)	
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PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	
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01/20/09--01047--008 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OASIS ONE, LLC	
	imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Myra Homer	
(Name of Person)	······
Capitol Corporate Services, I	nc
(Firm/Company)	
800 Brazos, Suite 400	
(Address)	
Austin, TX 78701	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Myra Homer at	(800) 345 - 4647
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following ar	nount:
🛛 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

Return acknowledgment to:

Capitol Corporate Services, Inc. P.O. Box 1831 Austin, TX 78767

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

The state of the s	
1. Name of the limited liability company: OASIS	ONE, LLC
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: <u>8655 S. Priest Dr.</u> Tempe, AZ 85284
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
1/23/2004 3. Date of filing/registration in Florida	L0400006310 4. Document number
5. (a) Registered Agent and Registered Office shown	
Registered Agent:	Grant T. Downing
Registered Office Address:	222 W. Comstock Ave Suite 101 Winter Park, FL 32789
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office address:
NEW Registered Agent:	CAPITOL CORPORATE SERVICES, INC.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 OFFICE PLZ DR STE A TALLAHASSEE ,FL 32301
If the limited liability company is not organized under that after the change or changes are made, the Florida's office of the registered agent will be identical. Or, in thereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company. (Signature of a member of authorized representative of a member)	the laws of the State of Florida, it is hereby confirmed street address of the registered office and the business he case of a Florida limited liability company, it is seed by an affirmative vote of the members of the limited les of organization or the operating agreement of the
(Printed or typod name of signee)	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, and I tion as registered agent as provided for in Chapter 608, et a change in the registered office address, I hereby ified in writing of this change.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00