## L12000127374

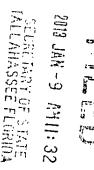
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Oasis Car Care Mobile Name of Limited Liability	Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Dwayne P. Berrien Name of Person  Oasis Car Care Mobile Firm/Company  13374 Arlan Pointe Cr. #201 Address  Tamage H 32417	
City/State and Zip Code  Drzngrodswlly & Jahon Low  Email address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	20 1 1 prod
Name of Person at (813)	H17-QXIL  Code & Daytime Telephone Number
Registration Section Registration of Corporations Division Clifton Building P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314
Enclosed is a check for the following amount:	
□ \$25 Filing Fee □ \$55 F	iling Fee & Certified Copy

## 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. OASIS CAR CARE MobilE 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: <u>27908</u> (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 12000127374 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Tampa FL <u>ろろいて</u> If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company.

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agont

ignature of a member or authorized representative of a member

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

Bronson L.
Printed or typed name of signe