## L15000002002

(Requestor's Name)
(Addison)
(Address)
(Address)
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(City/State/Zip/Phone #)
(3.7) 2.13.12.2.2.7
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Oasis on the sea, Ilc Name of Corporation		
DOCUMENT NUMBER: L15000062002		
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
Robert Pearson		
Name of Contact Person		
Firm/Company	<del> </del>	
17190 Wrigley, Cir.		
Address	<del></del>	
Fort Myers, Florida 33908		
City/State and Zip Code	· <del>-</del>	
bob@bpci.net		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Robert Pearson	at (253 )405-2113 Area Code & Daytime Telephone Number	
Name of Contact Person	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	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida rto change its registered office or registered agent, or both, in the State of Florida.	
	to counge its registered office of registered agent, or both, in the State of Piorida.  he corporation: Oasis on the Sea, LLC	
1. The name of t	ne corporation:	
2. The principal	office address: 17190 Wrigley, Cir., Fort Myers, Florida 33908	
3. The mailing a	ddress (if different): same	
	poration/qualification: 04/18/15 Document number: 47-3671161	
	I street address of the current registered agent and registered office on file with the truent of State: (If resigned, enter resigned)	
	Anderson Registered Agents, Inc.	
	12001 Research Parkway, suite 236-K	
	Orlando, FL 32826	
6. The name and (if changed):	Orlando, FL 32826  I street address of the new registered agent (if changed) and /or registered office	
	Daka d Danasa	
	17190 Wrigley, Cir	
P.O. Box NOT acceptable		
	Fort Myers, FL 33908	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so le board, or the corporation has been notified in writing of the change.	
A	Robert Pearson	
,	e of an officer or director Printed or typed name and title	
I further agree to of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this no filed merely to reflect a change in the registered office address, I hereby confirm that the Meen notified in writing of this change.	
_RA	6-60-61	
, Sig	nature of Registered Agent Date	
If signing on be	half of an entity:	
Robert Pearson		
Ţ	ped or Printed Name	

E.Zura

\* \* \* 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)