## LILEODO 10985

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
HAY - I AH 9: 46							
<b>a</b>	Office Use On	lv					



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2017 MAY -1 P 3 12 SECRETARY OF STAFE

> D BRUCE MAY 08 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations				
	Oasis \$ L me of Limited I	Lability Company	<del> </del>	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	fice Change and	d fee(s) are submitted for filing	<b>7</b> .	
Please return all correspondence concerning the	_	•	•	
rease retain an correspondence concerning in	no matter to the	tonowing.		
Charlotte Tilley				
Name of Person		···········		
Law Office of Michael Tilley				
Firm/Company		<del></del>		
129 Wilderness Cov				
128 Wilderness Cay				
Address			₹	
Naples FL 34114			SECR	-
City/State and Zip Code			NAY -	-  -
Mike@MRTilley.com			SET O	LI I
E-mail address: (to be used for future an	nual report noti	fication)	7 S	C
For further information concerning this matter	;, please call:		RIDA DRIDA	
Charlotte	561	392-5707	-i	
Name of Person		Area Code & Daytime Tele	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Ro D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314		
Enclosed is a check for the following	g amount:			
■ \$25 Filing Fee	□ \$	555 Filing Fee & Certified Cop	у	
INHS18 (2/14)				

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Na	me of the limited liability company: One Oasis LLC		<u></u>	
(a)	Principal office address of limited liability company:	_	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Parhland FL 33047	-		
	Parhland FL 33047	_		
	01/15/2016		L160	00010985
	Date of filing/registration in Florida	4.		Document number
(a)	InCorp Services, LLC			
(-)	Registered Agent and Registered Office shown on the records of th	e Flor	ida Dept. c	of State;
	17888 67Th Court North			
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRE	<u>(SS)</u>	<del></del>
	Loxahatchee, FL_		33470	2917 
	InCorp Services, Inc.			The control of the co
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office	address:	ASA .
				MAY -1 F
	17888 67th Court North			
	NEW Registered Office Address:			FLORIES IN
	Loxahatchee, FL 33470			
	Loxahatchee , FL_		33470	
cha ent v s/we arti	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liab	s of t he re pility the l	he State gistered compan imited li	office and the business office of the registered by, it is hereby confirmed that the change(s) is is in the change of the registered by company or as otherwise provided in the change of the registered by company.
nerei ovisi obl men tifie	ture of themse or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete proper and complete proper and complete propertions of my position as registered agent as provided by reflect a change in the registered office address, I had writing of this change.  Jackie DeFilipp of Registered Agent	erfoi for i ereby	mance on Chapte confirm	Printed or typed name of signee fifth, is capacity. I further agree to comply with the of my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been alf of InCorp Services, Inc.
7 ]	Division of Corporations • P.O. B	ox 63	327● Tal	llahassee, FL 32314