L16000078179

| <u> </u> | (Requestor's Name) |
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| | (Address) |
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| | (Address) |
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| | |
| | (City/State/Zip/Phone #) |
| | |
| PICK-UP | WAIT MAIL |
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| | (Business Entity Name) |
| | |
| | (Document Number) |
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| Dertified Copies | Certificates of Status |
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| Special Instructions to | Filing Officer: |
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Office Use Only



800398333248





A 5 E=0 2 J 2022 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | | |
|---|--|--|--|--|--|--|--|
| REFERENCE : 293212 4804708 | | | | | | | |
| AUTHORIZATION : Triblesan | | | | | | | |
| COST LIMIT : \$ 55.00 | | | | | | | |
| ORDER DATE : December 28, 2022 | | | | | | | |
| ORDER TIME : 10:17 AM | | | | | | | |
| ORDER NO. : 293212-005 | | | | | | | |
| CUSTOMER NO: 4804708 | | | | | | | |
| CHANGE OF AGENT | | | | | | | |
| NAME: OASIS SENIOR ADVISORS FRANCHISE SYSTEMS, LLC | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | |
| XX CERTIFIED COPY PLAIN STAMPED COPY | | | | | | | |
| CONTACT PERSON: Eyliena Baker EXT# | | | | | | | |

EXAMINER:

COVER LETTER

| | istration Section sion of Corporations | | | | | | | | |
|----------------------|---|-------------------|----------------|--|--|--|--|--|--|
| SUBJECT: | Oasis Senior Advisors Fran | nchise Systems | , LLC | | | | | | |
| SOMECT. | Name of Limited Liability Company | | | | | | | | |
| Dear Sir or N | Madam: | | | | | | | | |
| The enclosed | Registered Agent/Register | ed Office Chang | ge and I | fee(s) are submitted for filing. | | | | | |
| Please return | all correspondence concerr | ning this matter | to the f | ollowing: | | | | | |
| Marissa Nav | vazio | | | | | | | | |
| | Name of Person | | | _ | | | | | |
| Growth Cata | alyst Partners | | | | | | | | |
| | Firm/Company | | | _ | | | | | |
| 318 E. Adan | ns Street, Suite 1607 | | | | | | | | |
| | Address | | | | | | | | |
| Chicago, Illir | nois 60606 | | | _ | | | | | |
| | City/State and Zip C | Code | | | | | | | |
| MarissaN@g | growthcatalystpartners.com | | | | | | | | |
| E-mail | address: (to be used for futu | ire annual repor | t notific | cation) | | | | | |
| For further in | nformation concerning this r | natter, please ca | all: | | | | | | |
| Marissa Naz | ario | 77 at (| 73 | 612-0216 | | | | | |
| | Name of Person | | | Area Code & Daytime Telephone Number | | | | | |
| Regi Divi P.O. | ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314 | | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303 | | | | | |
| Encl | osed is a check for the follo | owing amount: | : | | | | | | |
| □ \$3 | 25 Filing Fee | | ■ \$ 5. | 5 Filing Fee & Certified Copy | | | | | |

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.

| 1. Na | ume of the limited liability company: Oasis Senior A | dvisors | Fra | inchise Sy | stems, LLC | | | <u> </u> |
|---------------------------------------|---|--|--------------------------|--|--|-------------------------------------|------------------------------|------------------------------------|
| 2. (a) | | | (b) | | | | | |
| ` , | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | | | , | Mailing address of (<u>Note: MAY E</u> | of limited lia | bility co | mpany: |
| | 24820 Burnt Pine Drive, Suite 2 | | | 24820 Bu | rnt Pine Drive | , Suite 2 | | |
| | Bonita Springs, FL 34134 | | Bonita Springs, FL 34134 | | | | | |
| | April 21, 2016 | | L | .16000781 | 79 | | | |
| 3. | Date of filing/registration in Florida | 4. | _ | | Document nu | mber | | |
| 5. (a) | Sonya Stratton | | | | | | | |
| /. (a) | Registered Agent and Registered Office shown on the records of | the Flori | da f | Dept. of State | - :: | | | |
| | 24820 Burnt Pine Drive, Suite 2, Bonita Springs, FL | 34134 | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRES | <u>SS)</u> | | - | | | |
| | 24820 Burnt Pine Drive, Suite 2 | | | | | | | |
| | Bonita Springs, FI | 34134 | | | - | | | |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | | | ress: | | N | 2022 DEC | - |
| | Corporation Service Company | | | | | | 28 | |
| | NEW Registered Office Address: | | | | - | - ; | Á | |
| | 1201 Hays Street | | | | | 7:: | AH 9: 49 | |
| | Tallahassee | 32301 | | | - | | 641 | |
| hange igent w vas/we he arti | imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of the preganization or the operating agreement of the Mally | registe ability c of the li limited | red om mit lia | office and ipany, it is ed liability | I the business hereby confir company or | office of t med that t | he regi he cha | stered nge(s) |
| Signal | sessets as maker or authorized representative of a member | | | ·· | Printed or typed | I name of sig | nee | |
| l herel provision he obli | by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I | ree to ac perforn d for in | t ii tar Ch | n this capa ice of my a apter 605, | icity. I further luties, and I ai F.S. Or, if th | agree to n familiar us docume | comply with a ent is b | with the nd accep eing filea |

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