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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CCRPORATION SYSTEM 2022 JUN -2 Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** 17112: Email Address: ω LLC REGISTERED AGENT CHANGE OASIS ADVISORY SERVICES, LLC 2022 JUK -- 2 AH II: 56 Certificate of Status 0 Certified Copy 1 02 Page Count Estimated Charge \$55.00 JUN 00 2022 81.30100.2H - ---

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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.

I. Na	me of the limited liability company: Oasis Advisory S	Services, LLC				
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited (<u>Note: MAYBE POST</u>	hability co.	тралу:	
	2054 Vista Parkway, Suite 300	205	2054 Vista Parkway, Suite 300			
	West Palm Beach, FL 33411	West Palm Beach, FL 33411				
	05/22/2020	L20(00135001			
3.	Date of filing/registration in Florida	4,	Document number			
5. (a) (b)	Cogency Global, Inc					
	Registered Agent and Registered Office shown on the records of	t the Florida Depi	of State.			
	115 North Calhoun					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				~3	
	St #4				022	
	Tallahassee, F	1. <u>32301</u>			2022 JUN	
	C T Corporation System				-2-	i Li
	Enter name of NEW Registered Agent und/or NEW Registered Office address			Any second state	FH 12: 33	<u>ار</u>
				•	ω ω	
	NEW Registered Office Address					
	1200 South Pine Island Road					
	Plantation	33324 1				
the cha agent w was/we the arti Signa I here provis the obj to mer	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the une of a member or authorized representative of a member hy accept the appointment as registered agent and as jons of all statutes relative to the proper and complet ligations of my position as registered agent as provid efficiency of this change. C T Corporation System A W in the the the statutes of the statut	of the registere liability compa of the limited e limited liabi Joe Davi	d office and the business off my, it is hereby confirmed the liability company or as othe lity company. s, Manager Printed or typed name of his canacity. I further agree	fice of the hat the ch erwise pro of signee	eregisti ange(s ovided i	ered) in the

W Michele Michele Holden, Asst Sect.

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