'Page: 3 of 4

2022-06-02 08:59:11 CST

16144554862

6/2/22, 10:55 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

## (((H220001929753)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Cor	porations		
	: (850)617-6383	2022	
Account Number Phone	: C T CORPORATION SYSTEM : FCA000000023 : (954)208-0845 : (614)573-3996	JUN - 2 PH	
**Enter the email address annual report maili	; for this business entity to be used for future ngs. Enter only one email address please.**	I2: <b>3</b> 3	' ــــا
Email Address:			

## LLC REGISTERED AGENT CHANGE OASIS OUTSOURCING CONTRACT II, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55,00

JUN 08 2822

M. SOLOMON

Electronic Filing Menu Corporate Filing Menu

Help

2022 JUL: -2 AH II: 54

## 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.

(a)		(b)	Mailing address of limited liability company:		
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	апу:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2054 Vista Parkway, Suite 300	2054	2054 Vista Parkway, Suite 300		
	West Palm Beach, FL 33411	Palm Beach, FL 33411			
	12/17/2020	L2000	L20000390166		
	Date of filing/registration in Florida	4.	Document number		
. (a)	Cogency Global, Inc.				
()	Registered Agent and Registered Office shown on the re 115 North Calhoun	cords of the Florida Dept. o	of State:		
	Registered Office Address (MUST BE FLORIDA S	TREET ADDRESS)			
	St. #4				
	Tallahassec	, FL 32301			
(b)	C T Corporation System				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	gistered Office address:			
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation	, FL			
cha nt v :/wi	imited liability company is not organized unde ange or changes are made, the Florida street ad will be identical. Or, in the case of a Florida li ere authorized by an affirmative vote of the me icles of organization or the operating agreement	dress of the registered mited liability company mbers of the limited liability it of the limited liability	office and the business office of the registe y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.		
	nure of groember or authorized representative of a memb	Joc Davis, 1	Manager Printed or typed name of signee		

the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being full 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. By: C T Corporation Syster (Configuration of the configuration o

Signature of Registered Agent

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