

6/2/22, 9:29 AM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L20000390205

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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2022 JUN -2 AM 9:40

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**LLC REGISTERED AGENT CHANGE
 OASIS OUTSOURCING, LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

JUN 05 2022

Electronic Filing Menu

Corporate Filing Menu

M. SOLOMON
 Help

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. Name of the limited liability company: Oasis Outsourcing, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

2054 Vista Parkway, Suite 300
West Palm Beach, FL 33411

2054 Vista Parkway, Suite 300
West Palm Beach, FL 33411

12/17/2020

L20000390205

3. Date of filing/registration in Florida

4. Document number

5. (a) Cogency Global, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

115 North Calhoun
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
St. #4
Tallahassee, FL 32301

(b) C T Corporation System
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Joe Davis
Signature of a member or authorized representative of a member

Joe Davis, Manager
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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: *Michele Holden*
Signature of Registered Agent

Michele Holden, Asst Sect.

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA