6/2/22, 9:06 AM

Division of Corporations

Florida Department of S

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Division of Corporations

Fax Number : (850)617-6383

From:

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2022 JUE.

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone Fax Number : (614)573-3996

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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LLC REGISTERED AGENT CHANGE OASIS OUTSOURCING TX, LLC

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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.

1.	Na	me of the limited liability company:	TX, LI	.C		 .	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2054 Vista Parkway, Suite 300	_ (М	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Parkway, Suite 300		
		West Palm Beach, FL 33411	_		Beach, FL 33411		
		12/17/2020		L2000039032			
3. 5	(a)	Date of filing/registration in Florida Cogency Global, Inc.	4.	ì	Document number		
٦.	(1)	Registered Agent and Registered Office shown on the records of the 115 North Calhoun	ne Florie	ia Dept. of State:	:		
		Registered Office Address	DDRES	(5)			2022
		Tallahassec , FL	32301				2022 JUH
	(b)	C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered (Office n	ddress:		SET TO THE	-2 MH2:35
		NEW Registered Office Address:					
		1200 South Pine Island Road					
		Plantation, FL	33324				
the age wa	cha ent v s/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility of the li	istered office company, it is mited liability	and the business office hereby confirmed that to company or as otherwise	of the reg he chang	gistered c(s)
		ture of prember or authorized representative of a member	Joe	Davis, Manag	·		
I he to no.	nered Ovisi Obl mere tified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete t igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change. CT Corporation Systam	perjori ! for in ereby	nance of my a	tuties, and I am familiar F.S. Or, if this docume he limited liahility comp	comply w	accent