6/2/22, 9:27 AM

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (954)208-0845 Phone

Fax Number

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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.

| C | Address | | | |
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| rmall | Annress: | | | |

LLC REGISTERED AGENT CHANGE OASIS DHR, LLC

| Certificate of Status | 0 |
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<u>M. SO</u>LOMER

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

From: Kaity Toon

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.

| ١. | Na | me of the limited liability company: Oasis DHR, LLC | | | | | | |
|----------------------|---|---|-------------------------------------|--|---|--|--|-------------------------------|
| 2. | (a) | Principal office address of limited liability company: | _ (| b) | Mailing address of limited | l liability co | ompany: | |
| | | (Note: MUST BE STREET ADDRESS) 2054 Vista Parkway, Suite 300 | | (<u>Note: MAY BE POST OFFICE BOX</u>) 2054 Vista Parkway, Suite 300 | | | | |
| | | West Palm Beach, FL 33411 | | West Palm Beach, FL 33411 | | | | |
| | 11/12/2009 | | м09000004 | 459 | | | | |
| 3. | () | Date of filing/registration in Florida Cogency Global, Inc. | - 4. | | Document number | | | |
| 5. (a) (b) | Registered Agent and Registered Office shown on the records of t | - e: | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) St. #4 | | | _ | ************************************** | 202: | | |
| | Tallahassee,FL 32301 | | | | | 2022 JUH | \cdot_T | |
| | C.T. Corporation System | | | | SACHANY MASSI | 2 | 1 | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Officen | ddress: | - | CF & 74.3 | PH 12: 34 | | |
| | | NEW Registered Office Address: | | | _ | , | <u>-</u> | |
| | | 1200 South Pine Island Road | | | _ | | | |
| | | Plantation, FL | 33324 | | _ | | | |
| th ag wa th | e cha gent v as/wi e arti | imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | the regability of the li limited | gistered offic company, it i mited liabili | e and the business of is hereby confirmed the company or as other appany. | fice of the clear the clea | ic regisi hange(s | (cred |
| | | ture of a mymber or authorized representative of a member | | - | Printed or typed name of | - | | |
| th to no | ovis. e obi mer otifie | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igutions of my position as registered agent as provided by reflect a change in the registered office address, I did now iting of this change. C.T. Corporation System | perjor al for in hereby | mance of my 1 Chapter 60 confirm that | airies, and ram jami 15, F.S. Or, if this doc the limited liability c | e to comp iliar with rument is company | ply with i and ac being j has bed | i the scept filed en |
| $\frac{By}{S}$ | | re of Registered Agent | Michele | Holden, Asst | Sect. | | | |

To: