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(Address)								
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(Business Entity Name)								
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: August 1, 2016

Order#: 236690-003

Re: OASIS SYSTEMS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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. 1	Na	me of the limited lial	bility company	OASIS SYSTE	EMS, LLC				
2. (a	i) .	24 Hartwell Avenue Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(b	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Lexington	МА	02421					
		12/21/2011			·	M110000	06391		
3.		Date of filir	ng/registration i	n Florida	4.		Document number		
5. (a	a)	C T Corporation System					_		
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					e:		
		1200 South Pine Island Road							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					-		
							17 F-6	•	
		Plantation		, F	L <u>33324</u>			A C	
(b	7	Corporation Service Company					10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(0	′ •	Enter name of NEW Registered Agent and/or NEW Registered Office address:					<u> </u>	o M	
		1201 Hays Street						<u>.</u> .	
		NEW Registered Office Address:					A F		
		Tallahassee		n	1 20204		-		
		raliariassee		, F	ட <u>32301</u>		-		
the cl agent was/v	hai w we/	mited liability compange or changes are mill be identical. Or, reauthorized by an allos of organization of	ade, the Floridation in the case of a affirmative vote	a street address of Florida limited less of the members	of the regis liability co of the limi	tered office mpany, it is ited liability	e and the business of s hereby confirmed t y company or as oth	fice of the registered hat the change(s)	
	_	Jill Cilmi, Author							
_	1	fre of a member or author	•				Printed or typed name of		
I her provi the or to me notifi	ea	in writing of ints ch	ment as registe ative to the pro on as registered 1 the registered ange.	red agent and ag per and complet agent as provid office address, i	gree to act e performa ed for in C I hereby co	in this cape ince of my d Thapter 605 Infirm that i	acity. I further agre duties, and I am fam , F.S. Or, if this doc the limited liability o	e to comply with the iliar with and accept cument is being filed company has been	
Ci	<u>X</u>	mace to Kirbly			DIL C	F1 17'	1 4 / 171 5	• •	
Signa	ıur	e of Registered Agent C	orporation Ser	vice Company	BY: Gi	race E. Kir	by, Asst. Vice Pre	sident	

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