## M19000011100

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP W	AIT MAIL		
(Business En	tity Name)		
(Document Number)			
Certified Copies Cer	tificates of Status		
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: March 02, 2020		Account#: 120000000088			
Name: David	Shulman				
Reference #:	1193807	<u> </u>			
Entity Name:	WEST	WEST SHORE OASIS LLC			
Articles of Incor	poration/Authorizati	on to Transact Business			
Amendment					
Change of Age	nt	teetires cali			
Reinstatement		ISSUES? CALL <b>David</b> :			
☐ Conversion		850-270-0082			
Merger Merger					
Dissolution/Witl	hdrawal				
☐ Fictitious Name	:				
Other					
Authorized Amoun	st: \$25.00				

## 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.

Na	me of the limited liability company: WEST S	SHORE OAS	IS LLC
a) .	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: (b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	No Change		No Change
	November 19, 2019		M19000011100
	Date of filing/registration in Florida	4.	Document number
a)	CORPORATE ACCESS, INC.		Dept. of State:
,	Registered Agent and Registered Office shown on the recor	rds of the Florida D	Dept. of State:
	236 EAST 6TH AVENUE		
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	2 AH
	TALLAHASSEE	_, <sub>FL_</sub> 32303	8: \$\frac{1}{2} \text{22}
ı) <u>.</u>	COGENCY GLOBAL INC.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	stered Office addr	ess:
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	. FL 32301	

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.

## /s/ Lee E. Rosenthal

Lee E. Rosenthal

Signature of a member or authorized representative of a member

Printed or typed name of signce

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.

/s/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00