6/2/22, 8:54 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000192852 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845

: (614)573-3996 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | | | |
|-------|----------|--|--|--|-------------|--|
|-------|----------|--|--|--|-------------|--|

LLC REGISTERED AGENT CHANGE OASIS AHR II, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$55.00 |

JUN 03 2022

M. SOLOMON

32

Electronic Filing Menu

Corporate Filing Menu

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. N | ame of the limited liability company: Oasis AHR II, LL | .C ——— | | | <u>.</u> | | |
|---|--|---------------------------------|--|---|----------------|---|------------------|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (b) | Mailing address of limited (Note: MAY BE POST | fiability con | ipany: <i>OX</i>) | |
| | 2054 Vista Parkway, Suite 300 | 2054 Vista Parkway, Suite 300 | | | | | |
| | West Palm Beach, FL 33411 | _ | West Pali | | | | |
| | 07/17/2020 | M20000006239 | | | | | |
| 3. | Date of filing/registration in Florida Cogency Global, Inc. | 4. | | Document number | . , | | |
| | Registered Agent and Registered Office shown on the records of 115 North Calhoun | ate: | | | | | |
| | Registered Office Address | | != / 3 | 26 | | | |
| | Tallahassee, FL | _ _ | 7;4 ; ; | 2022 JUN | 4 | | |
| | C T Corporation System | | | | | ₩ -2 | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Offices | nddress: | _ | #3 m2 m 1 + no | M 12: 31 | |
| | NEW Registered Office Address: | _ | - *** | ဋ | | | |
| | 1200 South Pine Island Road | | | | | | |
| | Plantation, FL | 33324 | | _ | | | |
| the clagent | limited liability company is not organized under the language or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization of the experating agreement of the | f the re ability of the l | gistered offi company, it imited liabil | ice and the business off is hereby confirmed the lity company or as other | fice of the | tegiste arge(s) | |
| | Se Vin | Jo | e Davis, Mar | <u> </u> | | | |
| I her provi the o to me notifi By: | nature of a member of authorized representative of a member seeby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide arely reflect a change in the registered office address, I sed in writing of this change. C.T. Corporation System Will Holden. | | ict in this ca mance of m in Chapter 6 confirm tha Holden, Ass | | - | y with t and acc peing fil as been | he ept led |

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

To: