## Division of Corporations Electronic Filing Cover Sheet

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(((H220004276383)))



H2200042763834FIC1

To:	Division of Community	2022 DEC
	Division of Corporations Fax Number : (850)617-6383	: 20
From:		
	Account Name : C T CORPORATION SYSTEM Account Number : FC4000000023	AH II: 27
	Phone : (954)208-0845 Fax Number : (614)573-3996	
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	LLC REGISTERED AGENT CHA	ANGE
	LLC REGISTERED AGENT CHA OASIS ATTR, LLC	ANGE
		NNGE 0
	Certificate of Status  Certified Copy	Marie Carlos
	OASIS AHR, LLC  Certificate of Status	0

Ta:

## 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.

(a)	2054 Vista Parkway		(b)	) 2054 Vista	a Parkway			
,	Principal office address of limited liability company.  (Note: MUST BE STREET ADDRESS)  Suite 300		, ω,	Mailing address of finated liability company:  (Note: MAY BE POST OFFICE BOX)				
				Suite 300				
	West Palm Beach, FL 33411	_		West Palm	Beach, FL 33411			
	01/07/2021		:	M21000000	1268			
(b)	Date of filing/registration in Florida COGENCY GLOBAL INC.	4.	_		Document number			
	Registered Agent and Registered Office shown on the records of 115 NORTH CALHOLIN \$1.	<del>-</del> e:						
	Registered Ortice Address (MUST BE FLORIDA STREET) SUITE 4	<u>ADDRE</u>	<u>(SS)</u>		-	2022 OEC	<u>:-</u>	
	TALLAHASSEE, FI	32301	2301		<del>-</del>	EC 20	보스 독표:	
	C T Corporation System						(2) 40. 프로크	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			resy:	-	AM 11: 27	(A) 社会	
	NEW Registered Office Address;			<u> </u>	-			
	1200 South Pine Island Road				-			
	Plantation, F1	33324			-			
chai nt w /we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the reability of the I	gist cor imi d li	tered office npany, it is ted liability ability com	e and the business of s hereby confirmed the y company or as other apany.	fice of the 1at the cha	registere nge(s)	
	Terrence Sukalski			Terrence Sukalski, Manager				
ignati erch ovisió obli nere	ence Sukalski ure of a member or authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. I in writing of this change. Michele Holden, Asst Sect	ree to e reeto	ict i	in this cape	Printed or typed name of acity. I further agree duties, and Lam lam	e to comply lier with a	ndac	

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

Signature of Registered Agent