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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Oasis, The GLBT Center of I	Northeast Florida, INC.	
DOCUMENT NUMBER: N090	000008699	
The enclosed Statement of Change of Registered Office	/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
	5	
Adrienne W.	Lerner. Esa.	
Name of Con	tact Person	
Hyder Law Group, PA		
Firm/Co.	mpany	
221 N. Hoga Addr		
, Addr	ess	
	T	
Jacksonville, FL 32202 City/State and Zip Code		
C.t.y. 2 tuto	- L.p Cout	
lerner@hyderlawgroup.com		
E-mail address: (to be used for fu	iture annual report notification)	
For further information concerning this matter, please ca	all:	
Adrienne W. Lerner	at (904) 524-8076	
Name of Contact Person	at (904) 524-8076 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Departr	ment of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	
	Tallahassee, FL 32301	

\updelta STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Oasis, The GLBT Center of Northeast Florida, INC
2. The principal office address: 1610 N. Main St., Jacksonville, FL, 32206
3. The mailing address (if different): 5509 Shad Rd. Sovite B Jacksonville #32257
4. Date of incorporation/qualification: 09/03/2009 Document number: N0900008699
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Shawn M. McGuire
1610 N. Main St. □
Jacksonville, FL 32206
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
SELECIA E JONES
1225 IONIA STREET P.O. BOX NOT acceptable
JACKSONVILLE, FL32206
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Brock E. Fazzini, Director (Chairman) Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Select How February 16, 2010
If signing on behalf of an entity:
Typed or Printed Name

CERTIFICATE OF ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

I, <u>SELECIA E. JONES</u>hereby accept appointment as registered agent for Oasis, The GLBT Center of Northeast Florida, INC, a not-for-profit corporation formed under the laws of the State of Florida.

Having been named as registered agent to accept service of process for the above corporation at the place designated by the company's filings with the State of Florida, I hereby: 1) accept the appointment as registered agent for Oasis, The GLBT Center of Northeast Florida, INC; 2) affirm that I have the requisite legal capacity to serve as registered agent; and 3) agree to serve as registered agent for the above named company as provided in the applicable statutes of the State of Florida.

Affirmed.

February 16, 2010