# N1000000556

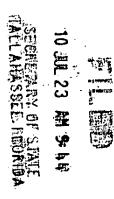
| (Requestor's Name)                      |
|-----------------------------------------|
|                                         |
| (Address)                               |
|                                         |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|                                         |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special instructions to Filing Officer: |
|                                         |
|                                         |





100183430451

07/23/10--01011--013 \*\*35.00



Amend C.COULLIETTE JUL 2 6 2010

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: Oasis Alliance, Corp. |                                                                                                                                                                                                                                                                    |                                             |                                                    |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------|
| DOCUMENT                                   | NUMBER: N1000000556                                                                                                                                                                                                                                                |                                             |                                                    |
|                                            | Articles of Amendment and fee are submitted for fili                                                                                                                                                                                                               | ng.                                         |                                                    |
| Please return al                           | Il correspondence concerning this matter to the follo                                                                                                                                                                                                              | wing:                                       |                                                    |
|                                            | John N. Alessi                                                                                                                                                                                                                                                     |                                             |                                                    |
|                                            | (Name of Contact Person                                                                                                                                                                                                                                            | on)                                         |                                                    |
|                                            | Oasis Alliance, Cor                                                                                                                                                                                                                                                | rp:                                         |                                                    |
| 4                                          | (Firm/ Company)                                                                                                                                                                                                                                                    |                                             |                                                    |
|                                            | 600 N. Westshore Blvd. S                                                                                                                                                                                                                                           | Suite 825                                   |                                                    |
|                                            | · (Address)                                                                                                                                                                                                                                                        |                                             | ·                                                  |
|                                            | Tampa, Fl. 33609                                                                                                                                                                                                                                                   |                                             |                                                    |
|                                            | (City/ State and Zip Cod                                                                                                                                                                                                                                           | de)                                         |                                                    |
|                                            | jalessi@foreclosureoas E-mail address: (to be used for future an                                                                                                                                                                                                   |                                             | <u>-</u>                                           |
| For further info                           | ormation concerning this matter, please call:                                                                                                                                                                                                                      |                                             |                                                    |
| John N. Ales                               | ssi <sub>at (</sub> 81                                                                                                                                                                                                                                             | 13 ) 289-6666 Ext. 10                       | 05                                                 |
| (                                          | (Name of Contact Person) (A                                                                                                                                                                                                                                        | rea Code & Daytime Telephor                 | e Number)                                          |
| Enclosed is a c                            | theck for the following amount made payable to the                                                                                                                                                                                                                 | Florida Department of State:                |                                                    |
| <b>☑</b> \$35 Filing F                     | Certificate of Status Certified (Addition enclosed)  Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Certified (Addition enclosed)  Sample Section A Division of Corporations D D D D D D D D D D D D D D D D D D D | Copy Certific al copy is Certifie (Addition | 50 Filing Fee ate of Status d Copy onal Copy osed) |

#### Articles of Amendment to Articles of Incorporation of

# Oasis Alliance, Corp.

# (Name of Corporation as currently filed with the Florida Dept. of State)

### N1000000556

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

|  | enter the new name |  |
|--|--------------------|--|
|  |                    |  |
|  |                    |  |
|  |                    |  |
|  |                    |  |

| d "corporation" or "incol<br>ot be used in the name. | rporated" or the                                                                                                                 |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 600 N. Westshore E                                   | Blvd.                                                                                                                            |
| Suite 825                                            | ·                                                                                                                                |
| Tampa, Fl. 33609                                     |                                                                                                                                  |
| 600 N. Westshore B                                   | lvd.                                                                                                                             |
| Suite 825                                            |                                                                                                                                  |
| Tampa, Fl. 33609                                     |                                                                                                                                  |
| ce address in Florida, ente<br>ddress:               | er the name of the                                                                                                               |
| <u> </u>                                             |                                                                                                                                  |
| orida street address)                                | _                                                                                                                                |
|                                                      |                                                                                                                                  |
|                                                      | 600 N. Westshore E Suite 825 Tampa, Fl. 33609  600 N. Westshore B Suite 825 Tampa, Fl. 33609  ce address in Florida, enteddress: |

Signature of New Registered Agent, if changing

# If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

| <u>Title</u>                          | <u>Name</u>                            | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Type of Action       |
|---------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <u> </u>                              | · .                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Add Remove           |
| E. If amendin                         | g or adding additional Articles, enter | change(s) here:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| · · · · · · · · · · · · · · · · · · · |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| . —                                   |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| •                                     |                                        | The second secon |                      |
|                                       |                                        | · .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |
|                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THE TOTAL CONTRACTOR |
|                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| 78                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                       |                                        | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |

| The date of each amendment(s) adopti                                 | on: 1-2/2010                                                                                                                                                                                |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date if applicable:                                        | (date of adoption is required)                                                                                                                                                              |
|                                                                      | (no more than 90 days after amendment file date)                                                                                                                                            |
|                                                                      |                                                                                                                                                                                             |
| Adoption of Amendment(s)                                             | (CHECK ONE)                                                                                                                                                                                 |
| The amendment(s) was/were adopted was/were sufficient for approval.  | by the members and the number of votes cast for the amendment(s)                                                                                                                            |
| There are no members or members e adopted by the board of directors. | ntitled to vote on the amendment(s). The amendment(s) was/were                                                                                                                              |
| Dated                                                                | 21 /2010<br>2/                                                                                                                                                                              |
| Signature                                                            |                                                                                                                                                                                             |
| have not beer                                                        | man or vice chairman of the board, president or other officer-if directors a selected, by an incorporator — if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary) |
|                                                                      | Kevin M. Kenny                                                                                                                                                                              |
|                                                                      | (Typed or printed name of person signing)                                                                                                                                                   |
|                                                                      | Executive Vice- President                                                                                                                                                                   |
|                                                                      | (Title of person signing)                                                                                                                                                                   |

Page 3 of 3