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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	1200000	00195
	REFERENCE	:	700557	8461475
	AUTHORIZATION	:		4 0
	COST LIMIT	:	\$ 35.0	C. Section &
ORDER DATE :	October 15, 2024			
ORDER TIME :	1:43 PM			
ORDER NO. :	700557-034			
CUSTOMER NO:	8461475			
	CHANGE OF A	GEN	<u></u> <u>T</u>	
NAME:	OASIS LAKES R ASSOCIATION,			MINIUM
CERTI	THE FOLLOWING AS FIED COPY STAMPED COPY	PRO	DOF OF F	ILING:

EXAMINER:

CONTACT PERSON: Shauna Godbolt -- EXT#

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH ${\sim} \text{FOR CORPORATIONS}$

statement of cha	nge is submitted for a corporation	517,0502, 607,1508, or 617,1508, Florida S n organized under the laws of the State of _ r registered agent, or both, in the State of F	FL		
1. The name of t	he corporation: OASIS LAKES RE	ESORT CONDOMINIUM ASSOCIATION,	INC.		
• •	office address:I Drive ORLANDO, FL 32821				
3. The mailing a	ddress (if different):				
4. Date of incorp)00709				
	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file wiresigned)	th the		
	CORPORATE CREATIONS NE	ETWORK, INC.	_		
	801 US HIGHWAY 1		_		
	NORTH PALM BEACH, FL 334	408			
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered off	ice		
	Corporation Service Company		. <u>-</u> :		
	1201 Hays Street		:		
		P.O. Box. NOT acceptable	•		
	Tallahassee	FL 32301			
The street addre	ss of its registered office and the be identical.	e street address of the business office of its	s registered agent.		
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an ocen notified in writing of the change.	officer so		
/s/Stephanie Jackson		Stephanie Jackson	Secretary		
I hereby accept I further agree t of my duties, an document is bein corporation has	o comply with the provisions of a	Printed or typed name and till gent and agree to act in this capacity, all statutes relative to the proper and com the obligation of my position as registered ge in the registered office address, I hereb change.	iplete performance		
By: Drac	e Cokuble	09/27/2024			
-	nature of Registered Agent	Date			
	half of an entity:				
	Asst. Vice President ped or Printed Name	-			
·	* * * FILI	NG FEE: \$35.00 * * *			

Make Checks payable to Florida Department of State Mail, to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13) 700557-34