Po200005685

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
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C LEWIS

COVER LETTER*

TO:

Amendment Section Division of Corporations

SUBJECT: OASIS OUTSOURCING ADMIN II, INC.

Name of Corporation

DOCUMENT NUMBER: P02000005685

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:

TIFFANY LUTHER

Name of Contact Person

OASIS OUTSOURCING

Firm/Company

2054 VISTA PARKWAY, SUITE 300

Address

WEST PALM BEACH, FL 33411

City/State and Zip Code

compliance@oasisadvantage.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIFFANY LUTHER

.,561

277-6500

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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

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

| statement of cha | provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statute inge is submitted for a corporation organized under the laws of the State of <mark>FLORI</mark> r to change its registered office or registered agent, or both, in the State of Florida | DA | - |
|---|---|---------------------|-------------|
| 1. The name of t | the corporation: OASIS OUTSOURCING ADMIN II, INC. | | |
| | office address: 2054 VISTA PARKWAY, SUITE 300 | | |
| WEST PA | ALM BEACH, FL 33411 | | <u>,-</u> |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 01/11/2002 Document number: P02000005 | 5685 | |
| | I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned) | | |
| | CORPORATION SERVICE COMPANY | | |
| | 1201 HAYS STREET | | |
| | TALLAHASSEE, FL 32301 | 16 F | STO VESTAND |
| 6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed): | | FEB -2 | av dr co |
| | TERRY P. MAYOTTE | AH C | CORPE |
| | 2054 VISTA PARKWAY, SUITE 300 | 9: 47 | |
| | P.O. Box NOT acceptable WEST PALM BEACH, FL 33411 | | 10 |
| | · · · · · · · · · · · · · · · · · · · | | |
| | ess of its registered office and the street address of the business office of its regis be identical. | | ent, |
| Such change was authorized by the | as authorized by resolution duly adopted by its board of directors or by an office be board on the corporation has been notified in writing of the change. | r so | |
| | TERRY P. MAYOTTE, CFO/DIR | ECTOF | ₹ |
| - | or of an officer of director Printed or typed name and title | | |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as re is document is being filed merely to reflect a change in the registered office add the forporation has been notified in writing of this change. | gistered ress, I | |
| | 5 M 2/1/16 | | _ |
| l | gature of Registered Agent Date | | |
| | chalf of an entity: | | |
| TERRY P. | WAYOTTE Typed or Printed Name | | |

* * * FILING FEE: \$35.00 * * *