## P110000007584

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashicot Zilas, Island)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filmy Officer.
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SECRE IARY OF STATE ALLAHASSEE, FLORIDA

R.A.

· Banda 2-28-11

## **COVER LETTER**

Division of Corporations
SUBJECT: Oasis Bar and Grill Inc Name of Corporation
DOCUMENT NUMBER: P 11 0000 75 854  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:
Donna Owens Name of Contact Person
Oosis Bar and Grill Inc
92 Owens St.
Nice ville FL 32578 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tammy Beach at (850) 835-9820  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (8/05)

Mailing Address:
Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

Amendment Section

TO:

## 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.
in order to change its registered office or registered agent, or both, in the state of Florida.
1. The name of the corporation: Oasis Bar and Grill Inc.
2. The principal office address: 15917 Highway 20 West, VIIIa 19
Niceville, FL 32578
3. The mailing address (if different): 92 Owens St.
Niceville FL 32578
4. Date of incorporation/qualification: 34,201 Document number: 1100007584
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)
Irene D wood (Resigned) (Deceased)
15917 Highway 20 west
Niceville FL 32578
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Donna Lana
Donna Lang  92 Owens St  85 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
P.O. Box NOT acceptable
Miceville 1-L 305 18
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.
Richard Lang Secretary Signature of an officer of affection Secretary
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 locument 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.
Signature of Registrar Agent Date
f signing on behalf of an entity:
Donna Lana President Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314