

P11000011309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change
3911

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE OASIS MEDICAL MASSAGE THERAPIST, INC.
Name of Corporation

DOCUMENT NUMBER: P11000011309

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:

JESSICA LOPEZ
Name of Contact Person

Firm/Company

2000 N CONGRESS AVE STE 177
Address

WEST PALM BEACH, FL 33409
City/State and Zip Code

jlopezdejesus@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA LOPEZ at (561) 572-6039
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**

Pursuant to the provisions of sections 607.0502, 607.0502, 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: THE OASIS MEDICAL MASSAGE THERAPIST, INC.
2. The principal office address: 1489 MILITARY TRAIL STE 207
WEST PALM BEACH, FL 33409
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/02/2011 Document number: _____
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)

ROBERTO ABREU

1489 MILITARY TRAIL STE 207

WEST PALM BEACH, FL 33409

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ABEL A. FLEITAS

1489 MILITARY TRAIL STE 207

P.O. Box NOT acceptable

WEST PALM BEACH, FL 33409


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.



Signature of an officer or director

ROBERTO ABREU

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.



Signature of Registered Agent

2/28/11

Date

If signing on behalf of an entity:

ABEL A. FLEITAS

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
CR2E045 (8/05)