PIDDIDIGT

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:01/09/2019				
Name: Marisa Kugelmann				
Reference #: 1034735	-			
Entity Name: OASIS HR SOLUTIONS III, INC.				
Articles of Incorporation/Authorization t	o Transact Business			
Amendment Change of Agent				
Conversion				
Merger				
Dissolution/Withdrawal				
Fictitious Name				
Other				
Authorized Amount:\$35.00				
Signature: Marion A.C				

EUROPEAN HQ
 COGENCY GLOBAL (UK) LIMITED
 REGISTERED IN ENGLAND 5 WALES.
 REGISTER #80(2)2
 6 LLOYDS AVE, UNIT 4CL
 LONDON EC3N 3AX
 +44 (0)20.3961.3080

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

1. The name of the corporation: OASIS HR SOLUTIONS III, INC.

2.	The	princh	pal o	ffice	address:_
	L LLC	րուգ	ar o	ince.	aaaaroos"

3. The mailing address (if different):

- 4. Date of incorporation/qualification: <u>11/29/2011</u> Document number: <u>P11000101697</u>
- 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)

MAYOTTE, TERRY

2054 VISTA PARKWAY STE 300 WEST PALM BEACH, FL 33411

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

COGENCY	GLOBAL	INC.

115 North Calhoun St., Suite 4

P/O Box NOT acceptable

Tallahassee, FL 32301

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.

/s/ Terry Mayotte	Terry Mayotte CFO and Secretary
Signature of an officer or director	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.

/s/ Tim Mayville Signature of Registered Agent /9/2019

JAN

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If signing on behalf of an entity:

Tim Mayville, Assistant Secretary

Lyped 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 (03/12)