6/2/22, 9:18 AM

Florida Department of State
Division of Corporations, Economic Eiling Cover, Sheeth

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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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REGISTERED AGENT CHANGE OASIS OUTSOURCING CONTRACT GROUP, INC.

Certificate of Status	0
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J. HORNE

JUN - 3 2022

Electronic Filing Menu

Corporate Filing Menu

Help

To:

By:

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

From: Kaity Toon

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida State organized under the laws of the State of Flori registered agent, or both, in the State of Flori	da	
1. The name of t	he corporation: Oasis Outsourcing	Contract Group, Inc.		
		. Suite 300 West Palm Beach, FL 33411		
3. The mailing a	ddress (if different):			
4. Dateofincorpo	pration/qualification: 12/28/2015	Document number: P1500010162	4	
	street address of the current regist tment of State: (If resigned, enter re	tered agent and registered office on file with the esigned)	ne	
	Cogency Global Inc.			
	115 North Calhoun Street, Suite 4	_	20; SI TAL	
	Tallahassee, Fl 32301		1022 JUN -2 SECRETARY ALLAHASSE	·
6. The name and street address of the new regit (ifchanged):		ed agent (if changed) and /or registered office		Î
	C T Corporation System		. SI	ľ
	1200 South Pine Island Road		AM II: 34 OF STATE OF LOP	•
	Plantation, Florida 33324	P.O. Box NOT acceptable		
as changed will	be identical.	street address of the business office of its reg dopted by its board of directors or by an office of the change.		
(A)	D			
Signatur	e of an inflicer or director	Joe Davis, Vice President Printed or typed name and title		
of my duties, and document is held corporation has	d Lam jamiliar with and accept the registed merely to reflect a chang been notified in writing of this cl	ent and agree to act in this capacity. Il statutes relative to the proper and complet he obligation of my position as registered ag e in the registered office address, I hereby co hange.	te performance ent. Or, if this onfirm that the	
C T Corporation	ich de Halden	06/01/2022		
Sigi	nture of Registered Agent	Date		
If signing on bel	half of an entity:			
Michele Holden,	Assi Seci.			
Ту	ped 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 (04/13)