

P15000101625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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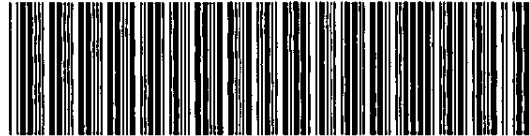
(Business Entity Name)

(Document Number)

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STATE OF ARIZONA  
DIVISION OF CORPORATIONS  
16 FEB -2 AM 9:51

FEB 5 2016  
C LEWIS



HUMAN RESOURCES  
EMPLOYEE BENEFITS  
PAYROLL ADMINISTRATION  
RISK MANAGEMENT

February 1, 2016

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Change of Registered Agent for Corporations

Dear Sir/Madam:

Attached please find a Cover Letter, Statement of Change of Statutory Agent and check of \$35 each for fees.

The entities are:

- Oasis Outsourcing Admin Inc.
- Oasis Outsourcing Admin Group, Inc.
- Oasis Outsourcing Admin II, Inc.
- Oasis Outsourcing HR, Inc.
- Oasis Outsourcing Contract Group, Inc.
- Oasis Outsourcing Contract, Inc.
- Oasis Outsourcing Contract II, Inc.
- Oasis Outsourcing Contract III, Inc.
- Oasis Outsourcing Contract IV, Inc.
- Oasis Outsourcing Staffing IV, Inc.
- Oasis Outsourcing Contract VII, Inc.

Please assist us and change the name and location of the statutory agents. Please file this document, pursuant to Florida Rules.

Thank you,

**OASIS OUTSOURCING, INC.**

A handwritten signature in black ink, appearing to read "Ellen J. Frye", written over a horizontal line.

Ellen J. Frye, Corporate Governance Specialist

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OASIS OUTSOURCING ADMIN, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P15000101625

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

Name of Contact Person

at ( 561 ) 277-6500

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, 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.

1. The name of the corporation: OASIS OUTSOURCING ADMIN, INC.
2. The principal office address: 2054 VISTA PARKWAY, SUITE 300  
WEST PALM BEACH, FL 33411
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/11/2015 Document number: P15000101625

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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

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

TERRY P. MAYOTTE

2054 VISTA PARKWAY, SUITE 300

P.O. Box NOT acceptable

WEST PALM BEACH, FL 33411

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

TERRY P. MAYOTTE, CFO/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.*

\_\_\_\_\_  
Signature of Registered Agent

2/1/16  
Date

If signing on behalf of an entity:

TERRY P. MAYOTTE

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 (03/12)

16 FEB - 2 AM 9:51

STATE OF FLORIDA  
DIVISION OF CORPORATIONS