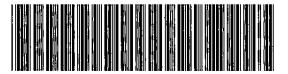
P15000101626

(F	Requestor's Name)		
<u> </u>	Address)	·	
(A	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL	
(E	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
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FEB - 5 2016 C LEWIS

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: OASIS OUTSOURCING HR, INC.

Name of Corporation

DOCUMENT NUMBER: P15000101626

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, INC.

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

., 561

277-6500

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

statement of ch	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute hange is submitted for a corporation organized under the laws of the State of <u>FLORI</u> der to change its registered office or registered agent, or both, in the State of Florida	DA
1. The name of	of the corporation: OASIS OUTSOURCING HR, INC.	
2. The principa	PALM BEACH, FLORIDA 33411	••••••••••••••••••••••••••••••••••••••
3. The mailing	g address (if different):	
4. Date of inco	orporation/qualification: 12/28/2015 Document number: P1500010	1626
	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
	CORPORATION SERVICE COMPANY	<i>(</i> 2)
	1201 HAYS STREET	16 F
	TALLHASSEE, FL 32301	田人
6. The name ar (if changed)	and street address of the new registered agent (if changed) and /or registered office):	16 FEB - 2 AM 9: 45
	TERRY P. MAYOTTE	: 45
	2054 VISTA PARKWAY, SUITE 300	
	P.O. Box NOT acceptable	
	WEST PALM BEACH, FL 33411	
The street add as changed wi	dress of its registered office and the street address of the business office of its registill be identical.	stered agent,
Such change y authorized by	was author fed by resolution duly adopted by its board of directors or by an office the board or the corporation has been notified in writing of the change.	r so
Sign	TERRY P. MAYOTTE, CFO / Printed or typed name and title	Director
I hereby accep	pt the appointment as registered agent and agree to act in this capacity, se to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as rethis document is being filed merely to reflect a change in the registered office add in the corporation has been notified in writing of this change.	gistered ress, I
	Fignature of Registered Agent Date	
If signing on b	behalf of an entity:	
TERRY P	P. MAYOTTE	
	Typed or Printed Name	

* * * FILING FEE: \$35.00 * * *