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Account#: 120000000088

Date:	01/09/2019
Name:	Marisa Kugelmann
Reference #	#:1034735
Entity Name	e:OASIS OUTSOURCING HR, INC
☐ Articl	les of Incorporation/Authorization to Transact Business
Ame	ndment
✓ Chan	nge of Agent
☐ Reins	statement
☐ Conv	version
☐ Merg	ger
Disso	olution/Withdrawal
Fictiti	ious Name
Othe	······································
	Amount: \$35.00

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

statement of cha	provisions of sections 607.050 nge is submitted for a corpora r to change its registered offic	ution organized una	ler the laws of the S	tate of Flo	rida	
	he corporation: OASIS C					
2. The principal	office address:					
3. The mailing a	ddress (if different):					<u> </u>
4. Date of incorp	poration/qualitication: <u>12/</u> 2	2 <u>8/2015</u> D	ocument number: _	P15000101	626	
	street address of the current r tment of State: (If resigned, er		Lregistered office of	n file with the	2	
	MAY	OTTE, TER	RY		r 610	enteril
	2054 VISTA	PARKWAY	STE 300	<u></u>	01 NAC 6102	facers carrie
	WEST PALM	M BEACH, F	FL 33411	2000 2000 2000		2 C
6. The name and (if changed):	street address of the new regi		inged) and /or regist	ارت المنظمة ا	AM 10: 48	
	115 North Calho		 e 1			
		O Box NOT acceptable				
The street addre	ss of its registered office and be identical.	the street address	of the business offi	ice of its registe	ered ag	ent.
	s authorized by resolution du e board, or the corporation ha					
/s/ Te	erry Mayotte		erry Mayotte	CFO and Se	cretar	<u>y</u>
Thereby accept I further agree to performance of agent. Or, if thi	the appointment as registered o comply with the provisions my duties, and I am familiar is document is being tiled mer that the corporation has been	of all statutes rela with and accept the ely to reflect a cha	to act in this capac tive to the proper of e obligation of my mge in the register	ity. nid complete position as regi	istered ss, I	
/s/_Ti	m Mayville		1/9/2019			_
	half of an entity:		i zate			

Tim Mayville, Assistant Secretary Typed or Printed Name

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