## P15000:10a407

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| . <u>-</u>                              |  |  |  |  |  |

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date:               | 01/09/2019                              |                       |
|---------------------|---|-----------------------|
|                     | Marisa Kugelmann                        | _                     |
| Referen             | nce #:1034735                           |                       |
|                     | ame: OASIS OUTSOUR                      | ING CONTRACT IV, INC. |
|                     | Articles of Incorporation/Authorization | to Transact Business  |
|                     | Amendment                               |                       |
| <b>V</b>            | Change of Agent                         |                       |
| F                   | Reinstatement                           |                       |
|                     | Conversion                              |                       |
| □ N                 | Merger                                  |                       |
|                     | Dissolution/Withdrawal                  |                       |
| □ F                 | ictitious Name                          |                       |
|                     | Other                                   |                       |
| Authoriz<br>Signatu | re: Marsa \$35.00                       |                       |

F: 800.944.6607

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

| statement of cha   | onge is submitted for a corporat  | , 617.0502, 607.1508, or 617.1508. F<br>ion organized under the laws of the S<br>or registered agent, or both, in the S   | tate of Florida                                |  |
|--|---|---|--|--|
|  |   | UTSOURCING CONTRA   |  |  |
|  |   |   |  |  |
| 3. The mailing a   | ddress (if different):  |   |  |  |
| 4. Date of incorp  | poration/qualification: <u>12/</u> 2  | 8/2015 Document number: _   | P15000102407                                   |  |
|  | I street address of the current re<br>tment of State: (If resigned, ent   | gistered agent and registered office o<br>er resigned)  | n file with the                                |  |
|  | MAY   | OTTE, TERRY   |  |  |
|  | 2054 VISTA PARKWAY STE 300  |   |  |  |
|  | WEST PALM   | I BEACH, FL 33411   |  |  |
| 6. The name and (if changed):  | I street address of the new regis   | tered agent (if changed) and /or regist  BAL INC.   | teredioffice JAN 10                            |  |
|  | 115 North Calhou  | ın St., Suite 4   |  |  |
|  |   | ) Box NOT acceptable  | (a) (b) (c) (c) (d)                            |  |
| The street addreas changed will  | ess of its registered office and to<br>be identical.  | he street address of the business off   | ice of its registered agent.                   |  |
| Such change wa   | as authorized by resolution duly  | y adopted by its board of directors of been notified in writing of the char   | r by an officer so<br>age.                     |  |
| /s/ T  | erry Mayotte  | Terry Mayotte   | CFO and Secretary                              |  |
| I hereby accept<br>I further agree of<br>performance of<br>agent. Or, if the | the appointment as registered<br>to comply with the provisions o<br>my duties, and I am familiar w<br>is document is being filed mero | Printed or typed na<br>agent and agree to act in this capac<br>of all statutes relative to the proper of<br>ith and accept the obligation of my<br>ely to reflect a change in the register<br>notified in writing of this change. | ity.<br>ind complete<br>position as registered |  |
|  | im Mayville   | 1/9/2019  |  |  |
| •  | nature of Registered Agent half of an entity;   | Date  | <del></del>                                    |  |

## Tim Mayville, Assistant Secretary

Typed or Printed Name

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