## P17000011250

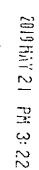
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

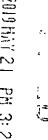
Office Use Only



05/21/19--01011--008 \*\*35.00

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

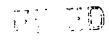
Tallahassee, FL 32314

NAME OF CORPO	RATION:	OASIS 72 INC	
DOCUMENT NUMI		P17000011250	
The enclosed <i>Articles</i>	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	APRIL CONDRON		
		Name of Contact Person	1
	CAPE COD MGMT SVC IN	IC	
		Firm/ Company	
	314 NE 27TH ST		
		Address	
	WILTON MANORS FL 33	334-2020	
		City/ State and Zip Code	<del> </del>
A PR I	LPEACH1@AOL.COM		
		sed for future annual report	
	ri-man address, (to be di	sed for fature aimidal report	nonneagon)
For further informatio	n concerning this matter, pleas	se call:	
APRIL PEACH CON	DRON	at (	630-8300
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



OASIS 72 INC.		2019 HAY 21 PM 3: 22
(Name o	of Corporation as currently filed with the	Florida Dept. of State)
P17000011250		
	(Document Number of Corporation (in	f known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit</i> (	Corporation adopts the following amendment
A. If amending name, enter the new na	ime of the corporation:	
		The new
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co". A profes. tion," or the abbreviation "P,A."	" or "incorporated" or the abbreviation sional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> of		
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address in Florida, v registered office address:	enter the name of the
Name of New Registered Agent	SK MD MASUM	
	11186 SW 17TH MANOR	•
	(Florida street address)	
New Registered Office Address;	DAVIE	. Florida
		,

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

+ Sle. hal. harm

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u> </u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Ь	SK MD MASUM	11186 SW 17TH MANOR
X Add			DAVIE FL 33324
Remove			
2) Change	P	MAINUL ISLAM (DECEASED)	1011 GREEN PINE BLVD #H2
Add			WEST PALM BEACH
X Remove			FL 33409
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)		
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	·		
If an amendment provides for an exch	ange, reclassification, or	cancellation of issued sh	ares,
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not contained i	n the amendment itself:	
(3 333 42)			
<del></del>		·	<del>_</del>
0% OF THE SHARES ARE TRANSFER	RED FROM MAINUL I	SLAM TO SK MD MASI	JM
		<u> </u>	

The date of each amendment(s	5/14/2019 (a) adoption:	, if other than
date this document was signed.		_
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will be be because the behavior of State's records.	not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	5/14/2019	
Signature	Se rel Lasin	
sele	a director, president or other officer – if directors or officers have not been ceted, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)	
	SK MD MASUM	
	(Typed or printed name of person signing)	
	REPRESENTATIVE FOR MAINUL ISLAM	
	(Title of person signing)	