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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
T INIG T T	WOOL COD!	

REGISTERED AGENT CHANGE OASIS OUTSOURCING HOLDINGS, INC.

Certificate of Status	0
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A. RAMSEY

JUN - 3 2022

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To:

By:

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

•		02, 607,1508, or 617,1508, Florida Statute. nized under the laws of the State of Florida	
		tered agent, or both, in the State of Florida	
	he corporation: Oasis Outsourcing Hold	ings, Inc.	
2. The principal	office address:		
-	• ———		
4. Date of incorp	noration/qualification: 01/14/1997	Document number: P97000003948	
	I street address of the current registered truent of State: (If resigned, enter resign	agent and registered office on file with the ned)	
	Cogency Global Inc.		
	115 North Calhoun Street, Suite 4		2022 JUH -2
	Tallahassee, Fl 32301		
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	JUN -2 MILLS
	C T Corporation System		10 To
	1200 South Pine Island Road		
	P.O. B	ox NOT accuptable	
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its regis	tered agent,
Such change wa authorized by th	as authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an office of fleed in writing of the change.	r so
Q	4 T. 6	Joe Davis, Vice President	
Signatur	e of an orned of director	Printed or typed name and title	
of my duties, an document is bei corporation has	d I am familiar with and accept the ob ny filed merely to reflect a change in t been notified in writing of this chang	nd agree to act in this capacity, tutes relative to the proper and complete p ligation of my position as registered agen he registered office address, I hereby conj e.	performance t. Or, if this firm that the
CT Corporation	Wirk a Hald	06/01/2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Michele Holden,	Asst Sect.		
T	yped 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 (04/13)