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J. HORNE

JUN - 3 2022

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By:

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statut n organized under the laws of the State of Florid r registered agent, or both, in the State of Florid	la
	the corporation: Oasis Staffing, Inc.		<u></u>
2. The principal	office address: 2054 Vista Parkwa	y, Suite 300 West Palm Beach, FL 33411	
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification: 01/14/1997	Document number: P97000003970	
	I street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	3
	Cogency Global Inc.		 ;
	115 North Calhoun Street, Suite 4		2022 JUN -2 SECRETARY
	Tallahassee, Fl 32301		N W
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			-2 AH IO: RY OF STA SEEL FLCS
	C T Corporation System		유명 유
1200 South Pine Island Road			
P.O. Box NOT acceptable			
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its regi	istered agent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has t	adopted by its board of directors or by an offic been notified in writing of the change.	er so
Q	e Tras	Joe Davis, Vice President	
\$100	re of an officer or director	Printed or typed name and title	
I jurther agree i of my duties, an document is hei	to comply with the provisions of d I am familiar with and accept ny filed merely to reflect a chang s been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered age ge in the registered office address, I hereby cor change.	performance nt. Or, if this nfirm that the
(//	Vicka Hald	06/01/2022	
	nature of Registered Agent	Date	
ir signing on be	half of an entity:		
Michele Holden,		_	
T	sped 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)