

417 Virginia Street, Suite 100, Tallahassee, Florida 32301
(850) 44-8870 • (850) 44-8862 • Fax (850) 44-2271

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1312.50 **43.75

Oasis Outsourcing Benefits II Inc

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA ~~Resignation~~ *Change*

Dissolution / Withdrawal

Annual Report / Reinstatement

☒ Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

RECEIVED
02 AUG -9 AM 11:16
DIVISION OF CORPORATIONS

DOE
8/12/02

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OASIS OUTSOURCING BENEFITS II, INC. (formerly Professional Employee Management Benefits, Inc.)
2. The principal office address: 4200 Wackenhut Dr., #100, Palm Beach Gardens, FL 33410-4243
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/17/98 Document number: P98 0000 15581

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

F.E. Finizia

4200 Wackenhut Dr., #100

Palm Beach Gardens, FL. 33410-4243

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

The Wackenhut Corporation, Attn: Legal Dept.

4200 Wackenhut Dr., #100

(P.O. Box or personal mailbox NOT acceptable)

Palm Beach Gardens, FL. 33410-4243

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

Robert I. Kilbride

Vice President & Secretary

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

7/26/02
(Date)

If signing on behalf of an entity:

Robert I. Kilbride

(Typed or Printed Name)

Authorized Representative

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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