P 480000 15587

| (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: | | | |
| | | | |
| | | | |
| Walk In \$ 35.00 | | | |

Office Use Only



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SECRETARY OF STATE JAN 10 AH MA

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JUN 11 2019

D CONNELL



115 N CALHOUN ST., STE. 4 TALLAHÄSSEE, FL 32301 P: 866.625,0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date:_ | 01/09/2019 | |
|----------|---|----------------------|
| Name: | Marisa Kugelmann | _ |
| Refere | nce #: 1034735 | <u> </u> |
| Entity 1 | Name: OASIS PAYRO | OLL SERVICES, INC. |
| | Articles of Incorporation/Authorization | to Transact Business |
| | Amendment | |
| V | Change of Agent | |
| | Reinstatement | |
| | Conversion | |
| | Merger | |
| | Dissolution/Withdrawal | |
| | Fictitious Name | |
| | Other | |
| A 11 1 | ized Amount: \$35.00 | |
| | ure: Mausa \$35.00 | |

F: 800,944,6607

+44 (0)20.3961.3080

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. Florid statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of the state | <u>f</u> Florida | | | |
|---|-----------------------|--|--|--|
| The name of the corporation: OASIS PAYROLL SERVICES, INC. | | | | |
| 2. The principal office address: Same | | | | |
| 3. The mailing address (if different): | | | | |
| 4. Date of incorporation/qualification: 02/17/1998 Document number: P98 | 000015587 | | | |
| 5. The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned) | with the | | | |
| MAYOTTE, TERRY | | | | |
| 2054 VISTA PARKWAY STE 300 | | | | |
| WEST PALM BEACH, FL 33411 | 2019 SE | | | |
| WEST PALM BEACH, FL 33411 6. The name and street address of the new registered agent (if changed) and /or registered of the left (if changed): | | | | |
| COGENCY GLOBAL INC. | PH PH | | | |
| 115 North Calhoun St., Suite 4 | E.FAIR | | | |
| Tallahassee, FL 32301 | | | | |
| The street address of its registered office and the street address of the business office of as changed will be identical. | its registered agent. | | | |
| Such change was authorized by resolution duly adopted by its board of directors or by a authorized by the board, or the corporation has been notified in writing of the change. | n officer so | | | |
| /s/ Terry Mayotte C Signature of an officer or director Printed or typed name and | FO and 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 coperformance of my duties, and I am familiar with and accept the obligation of my positive agent. Or, if this document is being filed merely to reflect a change in the registered of, thereby confirm that the corporation has been notified in writing of this change. | ion as registered | | | |
| /s/ Tim Mayville 1/9/2019 Signature of Registered Agent Date | | | | |
| Signature of Registered Agent Date If signing on behalf of an entity: | | | | |

Tim Mayville, Assistant Secretary
Typed or Printed Name

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