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Certified Copies	Certificates	of Status
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Special Instructions to F	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DIVISION OF CONT CRATICA

RA(RO CAS)
6/18/03



ACCOUNT NO. : 072100000032 1-34252 REFERENCE AUTHORIZATION COST LIMIT : \$ 35.00 ORDER DATE: June 16, 2003 ORDER TIME : 8:55 AM ORDER NO. : 134252-025 CUSTOMER NO: 7274667 CUSTOMER: Kathy Lively Oasis Outsourcing, Inc. Suite 250 4400 N. Congress Avenue West Palm Beach, FL 33407 CHANGE OF AGENT NAME: WRI EMPLOYERS INSURANCE, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
PLAIN STAMPED COPY CONTACT PERSON: Troy Todd -- EXT# 1140 EXAMINER:

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

	e provisions of sections 60					
	of change is submitted for a		•	·		
Florida	in order to change	its registered office or re	egistered agent, or bo	th, in the State		
of Florida.	P.11					
1. The name of	the corporation: WRI Empl	oyers Insurance, Inc.				
2. The principa	office address: 4400 North	th Congress Avenue, Su	ite 250, West Palm	Beach, Florid	<u>a_</u> : -	
	<u>. </u>					
3. The mailing	address (if different): 4400	North Congress Ave, S	Ste 250			
West Pal	m Beach, Florida 33407		<u> </u>			
4. Date of inco	rporation/qualification: _4/	1/1999 Doc	ument number: _P9900	00030253		
	nd street address of the curre artment of State:	ent registered agent and re	egistered office on file	with the		
	The Wackenhut Corporat	tion, Attn: Legal Dept			-	
	4200 Wackenhut Drive,	#100				
	Palm Beach Gardens, Fl	lorida 33410-4243				
6. The name a changed):	and street address of the ne	ew registered agent (if cl	hanged) and /or regist	tered office (if	ا ا	
	Oasis Outsourcing, ATTN	: Terry Mayotte		£00	三	7
	4400 North Congress Ave	enue, Suite 250 or personal mailbox NOT acceptable)	SSEE,	JUN 17 PM	FILED
	West Palm Beach, Florid	a 33407		FLOST	4-	
The street addragent, as chang	ress of its registered office ged will be identical.	and the street address of	the business office of	its regist	03	
Such change wanthorized by	vas authorized by resolution the board, or the corporation	n duly adopted by its boa on has been notified in w	rd of directors or by a riting of the change.	in officer so		
Signature of an office	er, chairman or vice chairman of the boa	Robert C. Kno (Print	eip, CEO			
veriormance o	of the appointment as regist to comply with the provisi if my duties, and I am famil nt. Or, if this document is I hareby confirm that the c	iar wan ana accept ine c	ισιιγαιτοπ οι πιν συνιπ	ion as		
	Signature of Registered Agent)	10:12	(Date)			
If signing on beha	alf-of an entity:					
Terry P. May	OLLE (Typed or Printed Name)	CFO	(Capacity)		:	•
			/t %/			

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