

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Operation Phoenix Solutions, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Lopez
Name of Person

Rogers Towers, P.A.
Firm/Company

1301 Riverplace Blvd., Suite 1500
Address

Jacksonville, Florida 32207
City/State and Zip Code

hlopez@rtlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Lopez at (904) 346-5707
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: Operation Phoenix Solutions, LLC

SECOND: The Florida Document number of the limited liability company is: L22000342868

THIRD: The street address of the limited liability company's principal office is:
100 WHETSTONE PLACE SUITE 200
ST. AUGUSTINE, FL 32086

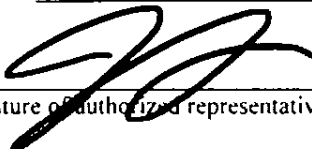
The mailing address of the limited liability company's principal office is:
100 WHETSTONE PLACE SUITE 200
ST. AUGUSTINE, FL 32086

FOURTH: The date the statement of authority became effective is: 08/19/2022

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is



Signature of authorized representative

Joshua M. Toman

Typed or printed name of signature

FILED
2021 MAY 13 PM 1:46
SECRET
TALLAHASSEE FLORIDA

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)