F21000006011

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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RA & ROChange

08/29/22--01010--003 **35.00



A. RAMSEY SEP 29 ZUZZ

COVER LETTER

Division of Corporations	•
SUBJECT: Phoenix Integrated Inc.	
Name of Corporation	
DOCUMENT NUMBER: F21000006011	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Manuel Soliz	
Name of Contact Person	
Phoenix Integrated Inc.	
Firm/Company	
11031 Wye Dr. Ste #118	
Address	
San Antonio, TX 78217	
City/State and Zip Code	
msoliz1@phoenixintegrated	inc.com
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
To take information concerning this matter,	picase can.
Manuel Soliz	at (210) 325-7990 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	: Department of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, t E 32314	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	inge is submitted for a corporation organi	2, 607,1508, or 617,1508, Florida Statutes, this ized under the laws of the State of Texas red agent, or both, in the State of Florida.	
1. The name of	the corporation: Phoenix Integrated Inc		
2. The principal	office address: 11031 Wye Dr Ste. #118 Sa	n Antonio, TX 78217	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 02/14/2007	Document number: F21000006011	
	I street address of the current registered apriment of State: (If resigned, enter resigned		
	Donald N. Bowles		
	2944 Waters View Lane		
	Orange Park, FL 32073		
6. The name and (if changed):	I street address of the new registered agen	at (if changed) and /or registered office	
	Michael S. Bowles	6	
	1923 Silo Oaks Place	4)	
P.O. Box NOT acceptable			
	Middleburg, FL 32068		
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered agent.	
Such change wa authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so lifted in writing of the change.	
Manuel	Solizing	Manuel Soliz	
Signatu	re of an officer or director	Printed or typed name and title	
I furthér agrée : of my duties, an document is bei	nd I am familiar with and accept the obli- ing filed merely to reflect a change in the s been notified in writing of this change.	l agree to act in this capacity. ites relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
SR	email=mbowlesi/dom-eng.com, c=US Date: 2022.06.19.20:11:38-04'00'	06/19/2022	
	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Michael S Bowle			
1	yped or Printed Name		

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