P08000008157

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(Re	questor's Name)				
	drago				
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(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

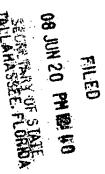
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, TO:

COVER LETTER

TO: Amendment Section Division of Corporations				
SURJECT: Phoenix Financial Solutions, Inc. (Name of Corporation)				
(Marie of Cospolation)				
DOCUMENT NUMBER: P08000008157				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Michael McIntosh				
(Name of Contact Person)				
Phoenix Financial Solutions, Inc.				
(Firm/Company)				
doors M. Oassala Danid O. Na 000				
10235 W. Sample Road, Suite 206 (Address)				
, ,				
Coral Springs, FL 33065				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Carmen G. Soto, Esq. at (954) 523-0703				
(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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

	tement of change is submitted	d for a corporation organ	2, 607.1308, or 617.1308, Florida Statu ized under the laws of the State of ered agent, or both, in the State of Florid	
1.	The name of the corporation:	Phoenix Financial Soluti	ons, Inc.	
			Suite 206, Coral Springs, FL 33065	
3.	The mailing address (if differ	ent): same		
4.	Date of incorporation/qualific	cation: 01/23/2008	Document number: P080000081	57
	The name and street address Florida Department of State:	of the current registered a	gent and registered office on file with th	e
	McMichael	& Associates, PA		
	250 Royal i	Palm Way, Suite 340	0 .	ni 矣
	Palm Beach	ı, FL 33480		08 JUN 20 P
	The name and street address (if changed):	of the new registered ager	nt (if changed) and /or registered office	20 74
	Carmen G.	Soto, PA	, <u> </u>	A BE STATE
	200 SE 6th	Street, #604		
	Eart Laude	(P.O. Box NOT acceptable rdale, FL 33301)	•
TI as	e street address of its registe changed will be identical.	ered office and the street	address of the business office of its re-	gistered agent,
Si au	ch change was authorized by thorized by the board or the	y resolution duly adopte corporation has been no	d by its board of directors or by an offi otified in writing of the change.	cer so
	hell of		Michael McIntosh, President	
II If of do	(Signature of sa other or of ereby accept the appointme urther agree to comply with my duties, and I am familian cument is being filed merely rporation has been notified		(Printed or typed name and title) and agree to act in this capacity, that is relative to the proper and comple ligation of my position as registered ag the registered office address, I hereby complete.	te performance tent. Or, if this onfirm that the
If	(Signature of Regillered signing on behalf of an entit Amen A (Typed or Printed Nar	soto PA	(Date)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)