PHONE: (804) 643-19 FAX: (804) 783-6507

E-MAIL ADDRESS: ceagles@wmcd.com

DIRECT DIAL: (804) 783-6537

INTERNET ADDRESS: www.wmcd.com

A PROFESSIONAL CORPORATION

TWO JAMES CENTER 1021 EAST CARY STREET P.O. BOX 1320 RICHMOND, VA 23218-1320

NEWPORT NEWS NORTHERN VIRGINIA RICHMOND VIRGINIA BEACH WASHINGTON, D.C.

AFFILIATE OFFICE: DETROIT

*****25.00 *****25.00

MJH

October 13, 2000

L-10533 Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

> Re: Wing Holdings, L.C.

Dear Sir or Madam:

Enclosed for filing is a Statement of Change of Registered Office and Registered Agent for Wing Holdings, L.C., along with our check in the amount of \$25.00 to cover the fee for filing same.

Please return your receipt and evidence of this filing to the undersigned in the enclosed stamped, self-addressed envelope.

With best regards, I am

Sincerely,

Catherine W. Eagles Corporate Paralegal

/cwe

cc:

Enclosures

Philip M. Sprinkle, II, Esquire

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	d liability company is:	W	ing Holdings	s, L.	7.	·
2. The mailing address of	the limited liability cor	npany i	s: 14892 I	addo	ck Drive	
	•					33414-1028
August 31, 2000			L00000	0105	33	
3. Date of filing/registrati	on in Florida		4. Docum	ent nui	nber	
5. The name of the register Florida Department of S		ered of	fice address as s	hown	on the reco	rds of the
· -	Philip M. Sprink	le, II				
		Name		_	•	
	c/o Administratio	on, 80	O Meadows Ro	pad	_	
	Address Boca Raton, Florida 33486 City, State and Zip					0 =
6. The name and address of	of the new registered ag	ent and	or office:			NEGRETARY NO OCT 20
Michael K. Wing, M.D.						0 875
	Name 14892%Paddock Drive				•	PM 4: 38
- ·	Florida street address	Box NOT accep	table)	#: API	*: 38	
	Wellington	FL	33414-1028			S
	City, St	ate and	Zip		•	
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the operating of the operation of the ope	ange or changes are mathe registered agent will eby confirmed that the dilability company or a f the limited liability compared representative of a member D., Sole Member	ide, the l be ide change s other mpany.	Florida street a ntical. Or, in the street automates of the street automates o	ddress ne case thorize n the an	of the regis of a Florid d by an aff ticles of or	stered office a limited irmative vote of ganization or
I hereby accept the appoil comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, Thereby confirm	s of all statutes relative I accept the obligations his document is being fi that the limited liability	to the profession to the profe	proper and com position as region nerely reflect a uny has been no	ptete p stered chang tified i	erformance agent as pr e in the reg n writing o	e of my duties, ovided for in istered office f this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)

(Signature of Registered Agen