FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 31, 2002 8:00 am DOCUMENT # M9900000957 Secretary of State 1. Entity Name 01-31-2002 90031 004 ****50.00 WINGEDFOOT SERVICES, LLC Mailing Address Principal Place of Business 100 E. LINTON BLVD. 100 E. LINTON BLVD. SUITE #502-A SUITE #502-A DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483** 3. Mailing Address 2. Principal Place of Business SOLS. Federa 901 S. Federa DO NOT WRITE IN THIS SPACE Suite, Apt. #, et City & State 4. FEI Number Applied For 65-0930724 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NATIONAL CORPORTE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 1406 HAYS ST., SUITE 2 TALLAHASSEE FL 32301 Zip Code City Fl 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTF: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. Change TITLE ☐ Addition TITLE MGRM ☐ Delete NAME NAME IACOBUCCI, EDWARD E 18015. Federal Huy Ste 100 Delray Beach, F1 33483 STREET ADDRESS STREET ADDRESS 100 E. LINTON BLVD., STE. 502-A CITY-ST-ZIP CITY-ST-ZIE **DELRAY BEACH FL 33483** MGR ☐ Delete TITLE TITLE NAME NAME LEE, NANCY K STREET ADDRESS STREET ADDRESS 100 E. LINTON BLVD., STE. 502-A CITY-ST-7IP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-€IF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREÉT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the peciver or trustee eggowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:
SIGNATURE AND TYPED OR PRHYTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITH F

NAME

STREET ADDRESS

1/23/02 561.278.4848

Change

☐ Addition