## N0200000888

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Corrected document by Helyhone call TR 11-15-10					

Office Use Only



100187330701

11/12/10--01007--003 \*\*35.00

RABUL



. Roberts NOV : 1/5/20101

## Steven J. Richey, P.A.

Steven J. Richey
Attorney & Counselor at Law

August 28, 2010

Re: Registered Agent Designation

PEuly

To Whom It May Concern:

As a result of the loss of our attorney, Steven J. Richey, our firm will be closing. As our firm was designated as the Registered Agent for your corporation, please be sure to file the appropriate documents with the State of Florida Division of Corporations to appoint a new Registered Agent for your corporation. The form can be found at <a href="https://www.sunbiz.org">www.sunbiz.org</a> or by calling the State of Florida Division of Corporations at (850) 245-6050.

Thank you for giving us the opportunity to assist you. Should you have any questions, please do not hesitate to contact our office.

Sincerely,

Katie P. Emily

/kpe

Enclosures

Corporations/FirmClosureltr

## **COVER LETTER**

Amendment Section

TO:

Divisio	n of Corporations	•					
SUBJECT:	WINGSPF	READ OWNERS . Name of Cor	ASSOCIATION INC poration				
DOCUMENT	NUMBER:	N020	00000888				
The enclosed St	tatement of Chang	ge of Registered Office/	Agent and fee are submitted for fil	ling.			
Please return al	l correspondence	concerning this matter to	o the following:				
	THOMAS D. GRIZZARD  Name of Contact Person						
ERA TOM GRIZZARD INC							
		Firm/Con	npany				
1300 W NORTH BLVD							
Address							
LEESBURG, FL 34748 City/State and Zip Code							
·							
mbretz@tomgrizzard.com  E-mail address: (to be used for future annual report notification)							
	D man addi	0001 (10 00 0000 101 101	and annual report notification,				
For further information concerning this matter, please call:							
	MARIAN P FO		at (352) 787 Area Code & Daytime Telep	-0590 hone Number			
Enclosed is a \$3	35.00 check made	payable to the Departm	nent of State.				
	Amendi Divisio P.O. Bo	Address: ment Section n of Corporations ox 6327 ssee, FL 32314	Street Address: Amendment Section Division of Corporation Clifton Building 2661 Executive Center				

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation o ir to change its registered office or r	organizea	l under the laws of the Stat	e of FLORIDA
	the corporation: WINGSPREA	•		•
2. The principal	•	NOC	th 13/vd. 34748	
3. The mailing a	ddress (if different): POBO	X L	34731	
4. Date of incorp	poration/qualification: 2/7/20	<u>)02</u>	_ Document number:	N02000000888
	I street address of the current registertment of State: (If resigned, enter re		t and registered office on f	ile with the
	RICHEY, STEVEN J ESQ	· · · · · · · · · · · · · · · · · · ·		型 美州
	601 SOUTH NINTH STREE	ΞΤ		
	LEESBURG, FL 34748			2 P
6. The name and (if changed):	d street address of the new registered	d agent (il	f changed) and /or registere	ed office
	THOMAS D GRIZZARD			<b>&gt;</b> .
	1300 W NORTH BLVD.			,
	LEESBURG, FL 34748	lox NOT acc	eptuble	
The street addre	ess of its registered office and the s	street add	tress of the business office	e of its registered agent.
as changed will	be identical.			
Such change was authorized by the	as authorized by resolution duly ac ne board, or the corporation has be	lopted by en notific	its board of directors or ed in writing of the chang	by an officer so e.
Tev	re of an officer or director	_	Terrpo (e. L.	5 Sny der
	the appointment as registered age to comply with the provisions of al an familiar with and accept th ing filed merely to reflect a change speed notified in writing of this ch	ent and a ll statutes le obligat e in the re lange.	, ,	y, d complete performance istered agent. Or, if this hereby confirm that the
Sig	natur of Registered Agent		/////D	
If signing on be	chalf of an entity:			
	OM GRIZZARD INC.			
'r	unad as Drintad Mama			

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