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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Requester's Name

DAVID R. CARTER, P.A.
ATTORNEY AT LAW

5308 SPRING HILL DRIVE
SPRING HILL, FLORIDA 34606

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

CR2E031(7/97)

Examiner's Initials

PS 8/21/02

RA

**STATEMENT OF CHANGE OF REGISTERED OFFICE
AND REGISTERED AGENT**

FILED

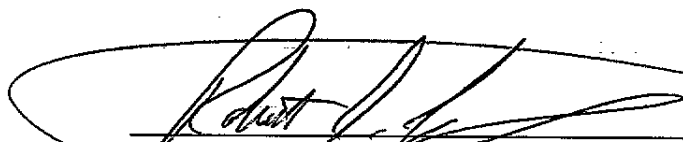
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.


1. The name of the corporation is: **WINGS PLUS OF SPRING HILL, INC.**
2. The name and address of its present registered agent is: **KENNETH DEBOER, 9201 County Line Road, Spring Hill, Florida 34609**
3. The name and street address to which its registered agent is to be changed is: **ROBERT SZATKOWSKI, 9201 County Line Road, Spring Hill, Florida 34609.**
4. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
5. Such change was authorized by resolution duly adopted by its board of directors dated August 15, 2002.

Dated: August 15, 2002


Robert Szatkowski, President

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I ACCEPT THE DUTIES AND OBLIGATION OF SECTION 607.325, FLORIDA STATUTES.

Dated: 8-15, 2002

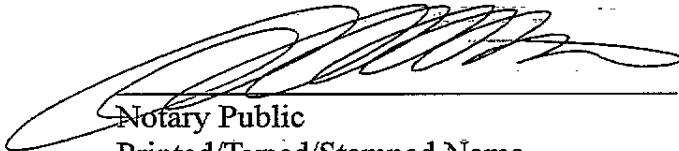

ROBERT SZATKOWSKI

**STATE OF FLORIDA
COUNTY OF HERNANDO**

I HEREBY CERTIFY that on this day, before me, an officer duly qualified to take acknowledgments, personally appeared **ROBERT SZATKOWSKI** to me well known to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same. I have relied upon the following form of identification:

FC Dr Lic., and who did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this
15th day of August, 2002.



Notary Public

Printed/Typed/Stamped Name

Commission Expiration

Commission Number



J R DeMint Reynolds
MY COMMISSION # DD083050 EXPIRES
January 9, 2006
BONDED THRU TROY FAIN INSURANCE, INC.