FOR PROFIT CORPORATION

ANILAKW BAZINEZZ KELAKI (ARK)				
	DOCUMENT # 52/365 1. Entity Name WINSONG DEVELOPMENT COR PORATION			
	DO NOT WRITE IN THIS SPAC) E		

FILED

DO NOT WRITE IN THIS SPACE 2. Principal Place of Distances 4902 SANDCASTE CIRCLE 50. Box 3553096 Suite Apr 8, obc Sui			N. T. T.	. 03 JUN 30	AM 11: 14		
Solid. Act. 8, etc. Solid. Ac	DO NOT WRITE	IN THIS SP	ACE	SECRETARY (TALLAHASSEE	OF STATE E, FLORIDA		
Style Shales Style St	4902 SANDCASTLE LIRO	E P.O.Box 3	53096	DO NOT WR	ITE IN THIS SPACE		
3 208 \$ SANDERSTEIN STATES COUNTY STATES COU	COlity & State	Palm Coasi	r, FL	4. FEI Number 59-17/63(0		
DO NOT WRITE IN THIS SPACE Steel Address (P.O. Box Namber is Not Acceptable)	Zin Country ST. JOHNS	3°2135		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
IN THIS SPACE 4902 SANDCASTLE CRCLE STAUGUSTIVE FL 30-004 3-004 An 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU	DO NOT W	RITE		LONEY S. Ves	STey, SR		
A. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatury 1: May 1: Fee is \$150.00 After,	The state of the s	and the contract of the contra			CIRCLE		
January 1: May 1: Fee is \$150.00 After May 1: Fee is \$150.00 Amended UBR 1s 80.25 Make Cfrick Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY ST-ZP NAME STREET ADDRESS CITY-ST-ZP NAME STREET ADDRESS		the purpose of changing its r			<u> </u>		
After May 1; Fee is \$55.00 May Be Amended URR is \$51.25 Make Chieck Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME SITRET ADDRESS CITY-ST-ZIP NAME NAME SITRET ADDRESS CITY-ST-ZIP NAME SITRET ADDRESS CITY-ST-ZIP NAME SITRET ADDRESS CITY-ST-ZIP NAME SITRET ADDRESS CITY-ST-ZIP	SIGNATURE Salay Sully Sr						
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STREET ADDRESS STREET ADDRESS	TITLE		TITLE		78		
CITY-ST-ZIP 12. Hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under outby that I am an efficier or director.		nis filing does not qualify for t		Section 119,07(3)(i), Florida Statutes.	I further certify that the information		

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

MANY SHAME STEED AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #