PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State **DIVISION OF CORPORATIONS**

1. DOCUMENT #

L02000009871

Name and Mailing Address

0003227 01 AT 0.292 **AUTO T4 0 06:5 32789-240887 Indontaliadia bilanidata dhalada bilada biladi WINTER PARK CONSULTING GROUP, LLC 687 PENN PLACE WINTER PARK FL 32789-2408

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DIVIDION OF CORPORATIONS ALLAHASSEE, FLORIDA

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New Mailing Address City, State, Zip			4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 04/25/2002			
						Principal Place of Business 687 PENN PLACE
WINTER PARK FL 32789 US	City, State, Zip	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee require for a Certificate of Status		
8. Name and Address of Curr	ent Registered Agent		9. Name and Address	s of New Registered Age	nt	
MILES, JOHN P 687 PENN PLACE WINTER PARK FL 32789		Name Street Address (P.O. Box Number is Not Acceptable)				
· ·		City		FL_	Zip Code	
10. I, being appointed the relister lagent of the Signature of Registered Agent	REGISTERED AGENT MUST S	JIRED	n and accept the obligations of	11/0/02		
11. Names and Street /Jdresses of Each Mana	ging Member/Manager					
Title(s) Name of Managin Members/Manage		Street Address of E Managing Member/Ma		City / State / 2	Zip	
		Managing Member/Ma		City / State /	Zip 	
				City/State/	Zip 	
		Managing Member/Ma		City/State/	 /	
		Managing Member/Ma		City/State/	Zip 	

Managing Member/Manage Typed or printed name of signing Man/ging Member/Manager