		—			-	
SOCI	NIT .	" PQS	COO	079	61:	3

1. Entity Name

KRASNAYA, INC.

Spiller Vincenty Inc

137 BRISTOL F	e of Business PLACE BEACH FL 32082	Mailing Address P.O. BOX 2673 PONTE VEDRA BEACH FL	32004			 Bijii kirin kirin birk birki k	241		
2. Principal F	Place of Business Kings Ave	3. Mailing Address				 			
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	conville FL	City & State		4. 1	4. FEI Number 59-3530961 Applied For Not Applicable				
Zip 3220	Country	Zip	Country	5. (5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current F	legistered Agent	- Name	7. 1	Name and Address of New Regist	ered Agent	<u></u>		
200	ge, george e eso West forsyth street, suite 1: Ksonville fl 32203	200		Street Address (P.O. Box Number is Not Acceptable)					
			City			FL Zip Cod	e		
8. The above	named entity submits this statement for	of title if applicable. (NOTE	E: Registered Agent signa	iture required when re	5/1/	DATE			
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ia on back)	FILE NOW! After MAY 1, 20 Make Check Payab		550.00 nt of State	Election Campaign Financir Trust Fund Contribution.	☐ Added	May Be to Fees		
11.	OFFICERS AND D		12.	AD	DITIONS/CHANGES TO OFFICER				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPILLER, MARILYN 128 LAMPLIGHTER LANE PONTE VEDRA FL 32082	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	137 R	Marilyn Bristol Pl Vedra FL 32082	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VINCENTY, KIM 108 ALICE WAY PONTE VEDRA FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4933	nty Kim Dixie Landing nville FL 3	⊠ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The state of the s	☐ Delete	NAME STREET ADDRESS CITY-ST-2IP			Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
13. I hereby of indicated	ertify that the information supplied with the on this report or supplemental report is the supplementa	his filing does not qualify for rue and accurate and that m	the exemption sta	ted in Section 1 have the same I	119.07(3)(i), Florida Statutes. I furth egal effect as if made under oath; t	er certify that the in hat I am an officer	formation 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.