

NO6000006823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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08 SEP 24 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2008

IONA IRVING
315 SW 27 AVE
FT LAUDERDALE, FL 33312

SUBJECT: EL SCHADDEI OUTREACH MINISTRIES, INC.
Ref. Number: N06000000823

We have received your document for EL SCHADDEI OUTREACH MINISTRIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 508A00041627

RECEIVED
2008 SEP 24 AM 8:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EL SCHADDEI OUTREACH MINISTRIES, INC.
2. The principal office address: 315 SW 27th Avenue, Fort Lauderdale, Florida 33312

3. The mailing address (if different): N/A

N/A

4. Date of incorporation/qualification: January 26, 2006 Document number: N06000000823

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Iona Irving-Stilwell

7301 NW 45th Street, Lauderhill, Florida 33319

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sachiona Solar Energy Marketing, LLC

315 SW 27th Avenue, Fort Lauderdale, Florida, 33312

(P.O. Box NOT acceptable)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Iona Irving
(Signature of an officer or director)

Iona Irving, President

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Iona Irving
(Signature of Registered Agent)

07/03/2008

(Date)

If signing on behalf of an entity:

Iona Irving

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED
08 SEP 24 PM 2:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Supernatural Healing & Inspiration Ministries, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N06000000823

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Iona Irving
(Name of Contact Person)

Supernatural Healing & Inspiration Ministries, Inc.
(Firm/Company)

315 SW 27th Avenue
(Address)

Fort Lauderdale/ Florida 33312
(City/State and Zip Code)

For further information concerning this matter, please call:

Iona Irving at (954) 696-7348
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301