

N11000004150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

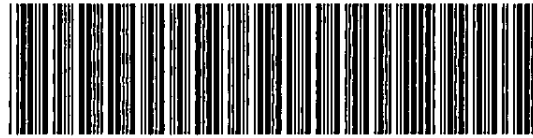
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APR - 5 2012
C. MUSTAIN

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ORGANIC SOLAR WINDS CORP
Name of Corporation

DOCUMENT NUMBER: N11000004150

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:

CHRISTOPHER RANDALL MILLER, SR
Name of Contact Person

ORGANIC SOLAR WINDS CORP
Firm/Company

425 E 19TH STREET, APT 106
Address

PANAMA CITY, FL 32405
City/State and Zip Code

CRMILLER@LIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER RANDALL MILLER, SR at (850) 630-5316 thru 5327
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

**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 FL
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ORGANIC SOLAR WINDS, CORP.
2. The principal office address: 2319 S HWY 77
LYNN HAVEN, FL 32444-9998
3. The mailing address (if different): PO BOX 471
LYNN HAVEN, FL 32444-9998

4. Date of incorporation/qualification: 04/03/2012 Document number: N11000004150

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

APRIL LEE MILLER

1510 HICKORY AVENUE

PANAMA CITY, FL 32405-

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TALLAHASSEE, FLORIDA

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

REVEREND CHRISTOPHER RANDALL MILLER

425 E 19TH STREET, APT 106

P.O. Box NOT acceptable

PANAMA CITY, FL 32405-4712

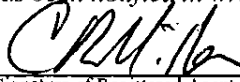
The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

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.


Signature of an officer or director

CHRISTOPHER MILLER, 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.


Signature of Registered Agent

04/0/2012
Date

If signing on behalf of an entity: April Lee Miller

CHRISTOPHER RANDALL MILLER
Typed or Printed Name

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