F13000001734

·				
(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
	ŀ			
	1			

Office Use Only



600254794156

12/23/13--01018--018 **35.00

13 DEC 23 PH 2: 14

Nor Your

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: HUMAN RIGHTS DEFENSE CENTER, INC

Name of Corporation

NOCHMENT NUMBER: F13000001734

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:

SUSAN SCHWARTZKOPF

Name of Contact Person

HUMAN RIGHTS DEFENSE CENTER, INC

Firm/Company

PO BOX 1151

Address

LAKE WORTH, FL 33460-1151

City/State and Zip Code

SSCHWARTZKOPF@PRISONLEGALNEWS.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN SCHWARTZKOPF

, 561

360-2523

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga r to change its registered office or regis	nized under the laws of the State of _	WASHINGTON
1. The name of t	the corporation: HUMAN RIGHTS	DEFENSE CENTER, INC	•
2. The principal	office address: 1013 LUCERNE	AVENUE, LAKE WORTH,	FL 33460
3. The mailing a	ddress (if different): PO BOX 1151	, LAKE WORTH, FL 3346	0
4. Date of incorp	poration/qualification: 09/05/1991	Document number: F1300	0001734
5. The name and	I street address of the current registered tment of State: (If resigned, enter resign	•	ith the
	Agent: InCorp Services, Inc., 17888 67TH CO	URT NORTH, LOXAHATCHEE, FL 33470	
	Reg Office: 1037 WESTERN AVE, 2N	ID FL, BRATTLEBORO, VT 05301	2
	Reg Mailing Address: PO BOX 242	20, BRATTLEBORO, VT 05303	FIL DEC 20
6. The name and (if changed):	I street address of the new registered age	ent (if changed) and /or registered of	
	Agent: No Change		
	Reg Office: 1013 LUCERNE AV	<u> </u>	
	P.O. Box NO Reg Mailing Address: PO BOX 12	•	
The street addre	ess of its registered office and the street be identical.	address of the business office of its	s registered agent,
Such change wa authorized by th	a authorized by resolution duly adopte board, or the corporation has been no	d by its board of directors or by an obtified in writing of the change.	officer so
Signatu	re of an officer or director	PAUL WRIGHT, DIRECT	TOR
1	the appointment as registered agent are comply with the provisions of all states with the provisions of all states with and its document is being filed merely to refet that the corporation has been notified	••	
Sign	J/A nature of Registered Agent	Date	
	half of an entity:		
	ITS DEFENSE CENTER, INC.		
TV	vped or Printed Name		

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