

ND10000002370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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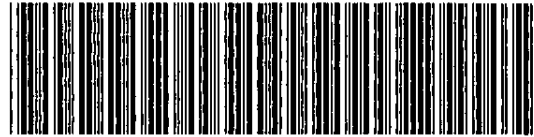
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE AFFAIRS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Institute For Science and Human Values, Inc
Name of Corporation

DOCUMENT NUMBER: N1000002370

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:

Toni Van Pelt

Name of Contact Person

Institute for Science and Human Values, Inc

Firm/Company

11280 Freedom Ct.

Address

Seminole FL 33772

City/State and Zip Code

tvanpelt@ishv.net

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

For further information concerning this matter, please call:

Toni Van Pelt

Name of Contact Person

at (727) 391 8459

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

1. The name of the corporation: Institute for Science and Human Values, Inc.
2. The principal office address: 2502 N Rocky Point Dr Suite 1010
3. The mailing address (if different): 11280 Freedom Ct.
Seminole Fl 33772
4. Date of incorporation/qualification: 4/4/201 Document number: N1000002370
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)

Vincent Parr

5201 W Kennedy Blvd. Suite 708

Tampa FL 33609

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

Vincent Parr

2502 N Rocky Point Dr. Suite 1010

Tampa Fl 33607

P.O. Box NOT acceptable

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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.

Toni Van Pelt

Signature of an officer or director

Toni Van Pelt Treasurer

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.

X Vincent E. Parr, Ph.D.

Signature of Registered Agent

Sep. 17, 2012

Date

If signing on behalf of an entity:

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 (03/12)