N19000005482

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| Special Instructions to I | Filing Officer: | | | |
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Office Use Only



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COVER LETTER

TO:

Amendment Section Division of Corporations

| SUBJECT: UNITED HUMAN RIGHTS FOUNDATIO | N. INC. | | |
|---|--|--|--|
| Name of Corporation | | | |
| DOCUMENT NUMBER: N19000005482 | | | |
| The enclosed Statement of Change of Registered Off | fice/Agent and fee are submitted for filing. | | |
| Please return all correspondence concerning this mat | ter to the following: | | |
| CHRISTOPHER A. DISCHINO, ESQ. | | | |
| Name of Contact Person | | | |
| DISCHINO & SCHAMY, PLLC | | | |
| Firm/Company | | | |
| 4770 BISCAYNE BLVD., SUITE 600 | | | |
| Address | | | |
| MIAMI, FL 33137 | | | |
| City/State and Zip Code | | | |
| ADMIN@DSMIAMLCOM | | | |
| E-mail address: (to be used for future annual rep | ort notification) | | |
| For further information concerning this matter, pleas | e call: | | |
| HEATHER LEIGH | at (786)581-2542 Area Code & Daytime Telephone Number | | |
| Name of Contact Person | Arca Code & Daytime Telephone Number | | |
| Enclosed is a \$35.00 check made payable to the Dep | artment of State. | | |
| Mailing Address: | Street Address: | | |
| Amendment Section | Amendment Section | | |
| Division of Corporations | Division of Corporations | | |
| P.O. Box 6327 | The Centre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

| statement of cha | Provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{F}{F}$ ler to change its registered office or registered agent, or both, in the State of F | LORIE | DA | |
|--|--|-----------------------------|-------------------------------|-----------------------------|
| 1. The name of | the corporation: UNITED HUMAN RIGHTS FOUNDATION, INC. | | | |
| 2. The principal | d office address: 4770 BISCAYNE BLVD, SUITE 600, MIAMI, FL 33137 | | | |
| 3. The mailing a | address (if different): 4770 BISCAYNE BLVD, SUITE 600, MIAMI, FL 33137 | _ | | |
| 4. Date of incor | rporation/qualification: 05/17/2019 Document number: N1900000 | 5482 | | |
| 5. The name and | nd street address of the current registered agent and registered office on file wit | h the | | |
| | DISCHINO & SCHAMY, PLLC | i. | 2021 | |
| | 2511 S DIXIE HWY, SUITE C | #II }_ | | * (**) * (**) * (**) |
| | WEST PALM BEACH, FL 33401 | 100 | 2 AI | |
| 6. The name and (if changed): | nd street address of the new registered agent (if changed) and /or registered off | Ce : | 2021 JUL 12 AM 11:44 | r en r Suid |
| | 4770 BISCAYNE BLVD, SUITE 600, MIAMI, FL 33137 | | | |
| | P.O. Box NOT acceptable | | | |
| The street address changed will | ress of its registered office and the street address of the business office of its libe identical. | regist | tered a | gent. |
| Such change was authorized by the | as authorized by resolution duly adopted by its board of directors or by an object of the corporation has been notified in writing of the change. | | | _ |
| | Christopher A. D. S. See of an officer or director Christopher A. D. S. Whinted or typed name and title | ehi | no,A | luthori ud Po ovesentati |
| Thereby accept I further agree of my duties, ar document is be corporation for | t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and com nd I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address. I hereb as been notified in writing of this change. The 2021 Phatered Agent | plete p agent v confi | perforn t. Or i ìrm thả | iance if this it the |
| Sign | gnature of Regulered Agent Date | | •• | |
| If signing on bo | chalf of an entity: | | | |
| CHRISTOPHER | R A. DISCHINO Typed or Printed Name | | | |
| • | - Marie and a service of contrast | | | |

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

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