

N21 000000 3740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

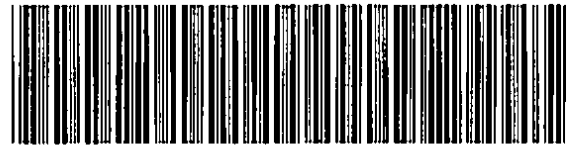
(Business Entity Name)

(Document Number)

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JUL 09 2021
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fundamental Human Wrights
Name of Corporation

DOCUMENT NUMBER: N21000003740

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:

Charon Wright
Name of Contact Person

Fundamental Human Wrights
Firm/Company

2945 SW 144th Place
Address

Ocala Florida 34413
City/State and Zip Code

E-mail address: (to be used for future annual report notification) fundamentalhumanwrights@gmail.com

For further information concerning this matter, please call:

Charon Wright at (904) 452 4457
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUL -1 PM 1:47

SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FL

June 15, 2021

CHAVON WRIGHT
2945 SW 144TH PLACE
OCALA, FL 34473

SUBJECT: FUNDAMENTAL HUMAN WRIGHTS INC.
Ref. Number: N21000003740

We have received your document for FUNDAMENTAL HUMAN WRIGHTS INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Non Profit Corporation. Please complete and return the enclosed blank form(s).

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 921A00013245

**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: Fundamental Human Wrights
2. The principal office address: 2945 SW 144th Place
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/31/21 Document number: N21000003740
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)

United States Corporation Agents, Inc
5575 S Semoran Blvd, Suite 36
Orlando Florida 32822

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

Chavon Wright
2945 SW 144th Place
P.O. Box NOT acceptable
Ocala, Florida 34473

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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.

[Signature]
Signature of an officer or director

Chavon Wright - Executive Director
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]
Signature of Registered Agent

6/28/2021
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 (04/13)