## **OFFICE USE ONLY** REGISTERED AGENT STATEMENT OF APPOINTMENT (Section 106.022, F.S.) 19 MAY 15 PM 3:00 **Original Appointment** Change of Appointment Change of Mailing Address Change of Physical Address **Registered Agent and Office Information** Telephone (352) 332-2385 Name David W. Moritz Street Address 927 SW 60th Terrace State Zip Code City 32607 Gainesville Florida **Mailing Address** same Zip Code City State I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer. Signature of Registered Agent Former Registered Agent and Office Information (for changes only) Telephone Name Street Address City State Zip Code **Committee or Organization Information** Name of Committee or Organization 27 SW 60 STERNAGE ART B State FLORIDA **SAFEBOR** Telephone 352 - 332 - 2385 Street Address City Gainesville

May 8, 2019

**Printed Name of Chairperson**