## REGISTERED AGENT STATEMENT OF APPOINTMENT (Section 106.022, F.S.) ✓ Original Appointment Change of Appointment Change of Mailing Address Change of Physical Address Registered Agent and Office Information Telephone Name MARIA HILLS 305-389-2256 Street Address 6360 NW 114TH AVENUE, APT 224 State Zip Code DORAL FL 33178 Mailing Address P O BOX 524088 City State Zip Code MIAMI FL 33152 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. **FEBRUARY 2, 2016** Signature of Registered Agent Date 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 DORAL TODAY AND TOMORROW Street Address Telephone P O BOX 524088 305-389-2256 City State Zip Code MIÁMI FL 33152 Signature of Chairperson

FEBRUARY 2, 2016

Date

**Printed Name of Chairperson** 

MARIA HILLS