

**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**

Name: JOSE A. RIESCO, CPA      Telephone: 305-445-0777

Street Address: 2600 SOUTH DOUGLAS ROAD, SUITE 900

City: CORAL GABLES      State: FL      Zip Code: 33134

Mailing Address: 2600 SOUTH DOUGLAS ROAD, SUITE 900

City: CORAL GABLES      State: FL      Zip Code: 33134

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

7/4/2016  
Date

**Former Registered Agent and Office Information (for changes only)**

Name: \_\_\_\_\_      Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

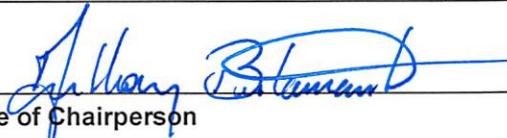
City: \_\_\_\_\_      State: \_\_\_\_\_      Zip Code: \_\_\_\_\_

**Committee or Organization Information**

Name of Committee or Organization: FOR A BETTER DORAL PC

Street Address: 2600 SOUTH DOUGLAS ROAD, SUITE 900      Telephone: 305-445-0777

City: CORAL GABLES      State: FL      Zip Code: 33134

  
Signature of Chairperson

ANTHONY BUSTAMANTE  
Printed Name of Chairperson

07/05/16  
Date