REGISTERED AGENT STATEMENT OF APPOINTMENT (Section 106.022, F.S.)		OFFICE USE ONLY		
Original Appointment Change of Appointment	tment		717JUL 7 _{AP}	9:22
Change of Mailing Address Change of Physica				
		Office Information	on	
Name Bryan Bastman			Telephone BSO-933-15z4	
Street Address +13 WW 301 AVE				
City caine suille	State F	lorida	Zip Code 3 2 6 01	
Mailing Address 413 NW 3/1 ALE				
City Caresville	State P	-[Zip Code 3 2601	
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		Date		
Former Registered Agent and Office Information (for changes only)				
Name Jeanna Mastrodicasa			Telephone 352-29-5784	
Street Address 3449 NW 11th Ave				
City Games VIlle	State F	<u> </u>	Zip Code 32605	
Committee or Organization Information				
Name of Committee or Organization Collaborative Cor	nmun	aly Cano	n8	
Street Address # 13 WW 30	AU		Telephone 850 935-1504	
city Guine Sville	State A	Orida	Zip Code 32601	_
Bignature of Chairperson				
Bryan Bastman			0/16	
Printed Name of Chairperson		Date		1