

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**  
(Section 106.022, F.S.)

OFFICE USE ONLY

17 JUL 2017 2:43

- Original Appointment       Change of Appointment  
 Change of Mailing Address       Change of Physical Address

**Registered Agent and Office Information**

Name Dorothy A. Benson Telephone 352-275-1177

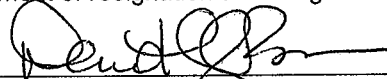
Street Address 10419 SW 49th Lane

City Gainesville State FL Zip Code 32608

Mailing Address P.O. Box 140841

City Gainesville State FL Zip Code 32614

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

7-20-17  
Date

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

Name N/A Telephone

Street Address

City State Zip Code

**Committee or Organization Information**

Name of Committee or Organization Act Now For Children's Services

Street Address 3500 NW 38th St Telephone 352-262-0779

City Gainesville State FL Zip Code 32606

  
Signature of Chairperson

Dorothy A. Benson  
Printed Name of Chairperson

7-20-17  
Date