

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

OFFICE USE ONLY

17 AUG 11 PM 4:39

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

**Registered Agent and Office Information**

Name Jordan Marlowe Telephone 352-339-4670

Street Address 26910 SW 30 Ave

City Newberry State FL Zip Code 32669

Mailing Address PO Box 1585

City Newberry State FL Zip Code 32669

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

8-11-17  
Date

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

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

Street Address N/A

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

**Committee or Organization Information**

Name of Committee or Organization Represent Me

Street Address PO Box 1585 Telephone 352-339-4670

City Newberry State FL Zip Code 32669

  
Signature of Chairperson

Jordan Marlowe  
Printed Name of Chairperson

8-11-17  
Date