

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

OFFICE USE ONLY

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

Registered Agent and Office Information

Name WALT BOYER Telephone 352-575-5705

Street Address 25169 SW 17th AVE

City NEWBERRY State FL Zip Code 32669

Mailing Address 25169 SW 17th AVE

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.

W Boyer 8/18/17
Signature of Registered Agent Date

Former Registered Agent and Office Information (for changes only)

Name JORDAN MARLOWE Telephone 352 339 4670

Street Address 26910 SW 30th AVE

City NEWBERRY State FL Zip Code 32669

Committee or Organization Information

Name of Committee or Organization Represent Me

Street Address 25169 SW 17th AVE Telephone 352 575 5707

City NEWBERRY State FL Zip Code 32669

W Boyer
Signature of Chairperson

WALT BOYER 8/18/17
Printed Name of Chairperson Date