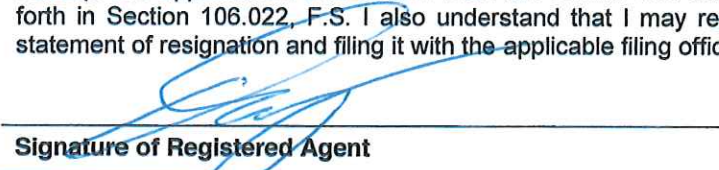
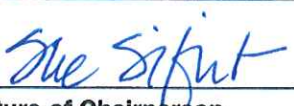


AUG29 17 PM 2:31 SOE PCV

REGISTERED AGENT STATEMENT OF APPOINTMENT (Section 106.022, F.S.)		OFFICE USE ONLY	
<input checked="" type="checkbox"/> Original Appointment <input type="checkbox"/> Change of Appointment			
<input type="checkbox"/> Change of Mailing Address <input type="checkbox"/> Change of Physical Address			
Registered Agent and Office Information			
Name Derek Rooney		Telephone (239) 598-3601	
Street Address 1404 Dean Street			
City Fort Myers	State Florida	Zip Code 33901	
Mailing Address 1404 Dean Street, Suite 300			
City Fort Myers	State Florida	Zip Code 33901	
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		August 28, 2017 _____ 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 Vote Yes for Success			
Street Address 201 W Marion Ave Suite 1204		Telephone (239) 598-3601	
City Punta Gorda	State Florida	Zip Code 33950	
 _____ Signature of Chairperson			
Sue Sifrit		August 28, 2017	
Printed Name of Chairperson		Date	