## REGISTERED AGENT STATEMENT OF APPOINTMENT

OFFICE USE ONLY

| (Section 106.022, F.S.)                                                                                                                                                                                                                                                                                                                    |                       | The land was a first transfer of the land |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                            |                       | MAY 17 2022                               |
| ✓ Original Appointment ☐ Change of Appoin                                                                                                                                                                                                                                                                                                  | ntment                | DUVAL COUNTY ELEC.<br>By                  |
| Change of Mailing Address Change of Physical Address                                                                                                                                                                                                                                                                                       |                       | <u></u>                                   |
| Registered Agent and Office Information                                                                                                                                                                                                                                                                                                    |                       |                                           |
| Name<br>Christopher Nurse c/o CN Political Consult                                                                                                                                                                                                                                                                                         | ing LLC               | Telephone<br>813-947-3007                 |
| Street Address<br>6469 Ballejo Court North                                                                                                                                                                                                                                                                                                 |                       |                                           |
| City<br>Jacksonville                                                                                                                                                                                                                                                                                                                       | State<br>FL           | Zip Code<br>32210                         |
| Mailing Address 16305 Blooming Cherry Drive                                                                                                                                                                                                                                                                                                |                       |                                           |
| City<br>Groveland                                                                                                                                                                                                                                                                                                                          | State<br>FL           | Zip Code<br>34736                         |
| 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                                                                                                                                                                                                                                                                                                                                       |                       | Telephone                                 |
| Street Address                                                                                                                                                                                                                                                                                                                             |                       | I                                         |
| City                                                                                                                                                                                                                                                                                                                                       | State                 | Zip Code                                  |
| Committee or                                                                                                                                                                                                                                                                                                                               | <sup>,</sup> Organiza | ation Information                         |
| Name of Committee or Organization                                                                                                                                                                                                                                                                                                          |                       |                                           |
| Duval United Communities Street Address 6469 Ballejo Court North                                                                                                                                                                                                                                                                           |                       | Telephone<br>8139473007                   |
| City Jacksonville                                                                                                                                                                                                                                                                                                                          | State<br>FL           | Zip Code<br>32210                         |
| Signature of Chairperson                                                                                                                                                                                                                                                                                                                   |                       | — Ar/m/a                                  |
| Printed Name of Chairperson                                                                                                                                                                                                                                                                                                                |                       |                                           |
| i initia itasio di dilan perden                                                                                                                                                                                                                                                                                                            |                       | Date                                      |