

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

OFFICE USE ONLY

RECEIVED

SEP 08 2023

DUVAL COUNTY ELEC.

By

JB

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

Registered Agent and Office Information

Name David Casey Telephone 904-662-5153

Street Address 974 Corsica Ln.

City Jacksonville State FL Zip Code 32218

Mailing Address 974 Corsica Ln.

City Jacksonville State FL Zip Code 32218

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.

David Casey

9/7/23

Signature of Registered Agent

Date

Former Registered Agent and Office Information (for changes only)

Name Jennifer Casey Telephone 904-994-5153

Street Address 974 Corsica Ln.

City Jacksonville State FL Zip Code 32218

Committee or Organization Information

Name of Committee or Organization Our Jacksonville

Street Address 974 Corsica Ln. Telephone 904-662-5153

City Jacksonville State FL Zip Code 32218

Signature of Chairperson

David Casey

Printed Name of Chairperson

9/7/23

Date