

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**


(Section 106.022, F.S.)

OFFICE USE ONLY

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JAN 22 2019

DUVAL COUNTY ELEC.

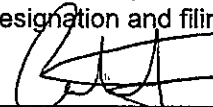
By 

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

Registered Agent and Office Information

Name CARLO FASSI		Telephone 954-625-9176
Street Address 1401 RIVERPLACE BLVD. #2802		
City JACKSONVILLE	State FL	Zip Code 32207
Mailing Address 133 S HARBOR DR		
City VENICE	State FL	Zip Code 34285

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.

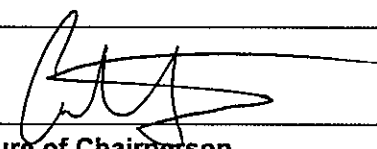
 1/20/19
Signature of Registered Agent Date

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 LET'S STAY TOGETHER		Telephone 941-488-7794
Street Address 133 S HARBOR DR		Zip Code 34285
City VENICE	State FL	Zip Code 34285


Signature of Chairperson

CARLO FASSI
Printed Name of Chairperson

1/16/19
Date