

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**  
(Section 106.022, F.S.)

OFFICE USE ONLY

2016 DEC 23 AM 11:48

SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA

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

**Registered Agent and Office Information**

Name Justin Grabelle Telephone 352 816 2111

Street Address 4210 SE 7th Place

City Ocala State FL Zip Code 34471

Mailing Address (see above)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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] Date 12/23/16  
Signature of Registered Agent

**Former Registered Agent and Office Information (for changes only)**

Name Opal Stroud Telephone 352 237-7131

Street Address 901 SW 96 St

City Ocala State FL Zip Code 34481

**Committee or Organization Information**

Name of Committee or Organization Marion County Republican Executive Committee

Street Address 317 NE 36th Ave, Suite C Telephone 352 816 2111

City Ocala State FL Zip Code 34471

[Signature]  
Signature of Chairperson  
Justin Grabelle  
Printed Name of Chairperson  
Date 12/23/16